PUBLIC HEALTH NURSING

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Child Health Day

Courtesy of Child Welfare

One has only to glance over the summary of events and programs incident to Child Health Day in 1932 to realize the growing significance of this day throughout the country. In earlier days of Child Health Day celebrations, the emphasis was pretty generally apt to be on some form of pageant or parade in which the school children participated—pretty to look at and fun for the children—but often lacking in vital importance and any permanent benefits to child health.

In 1932, on the other hand, we find a surprisingly wide range of activities—activities that involve not only school children, but preschool children, parents, teachers, health officials, the whole community, and a purpose and scope of action that make our former efforts seem feeble and insignificant.

In one state, according to the report of the American Child Health Association, a survey of existing health services was made in 28 counties and 30 towns by local service and women's clubs. Two hundred and seventeen towns in that same state applied to the State Department of Health for assistance in the supervision of the municipal water supply. In another state the president of the State Medical Association ap-

pointed a physician in each county to examine preschool children during the Summer Round-Up.

In one southern community the problem of malaria was vigorously attacked by a series of school talks and demonstrations on oiling, draining, and screening, not to mention efforts to cure the carriers. In one capital city the public library instigated the practice of sending to the parents of newborn children a mimeographed list of books on child care. In another state private schools were invited to join in the activities. One state pointed out "an increased acceptance of responsibility by the parents for having their children examined by their own physicians in preparation for their admission to school."

This year for the first time the Conference of State and Provincial Health Authorities is assuming full responsibility for the observance of Child Health Day. The slogan selected is *Mothers and Babies First*. As a noted clergyman recently said: "It is a foolish nation which in an emergency destroys its seed-corn." Let us hope that this May Day will prove to be a starting-off point for even better things, and may we translate the spirit of that day into a year-round program of activities that will truly bring a "New Deal" to every mother and child in the United States.

MOTHER'S DAY

Since 1914 we have celebrated the second Sunday in May as Mother's Day. Again the Maternity Center Association of New York challenges us to make motherhood safe for all mothers.

Many greater hazards of our daily existence have been reduced—hazards of industry, of travel, of epidemic diseases. Yet those hazards of child-birth, which can be speedily and enormously reduced by improving maternity care, are as great as they were twenty years ago.

"Who can reduce the hazards of motherhood?" The husband and wife can; the physician can; the nurse can; the medical educator can; the public can. Every one of us belongs in one or more of these groups, and the first step toward action is knowledge. When women know more they will go to a good doctor or clinic as soon as they find themselves pregnant and will make a regular visit every two or three weeks after that. When men know more they will help their wives to find the best doctor, to follow his advice, and to get the food and rest and contentment that are needed. Doctors themselves are already demanding of their own profession more and better obstetric education in medical and nursing schools. Meanwhile the public is not yet awake. Let us wake it. For, in the words of Abraham Lincoln, "public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed."

On Mother's Day let each one of us personally accept this challenge and resolve that every American mother shall have an opportunity for proper care as she enters upon the most purely creative of human experiences—the generating of new life. Here is a cause worth fighting for! "Make Motherhood Safe for Mothers."

The Preschool Child and the Depression

Special Need for the Public Health Nurse's Service

By ELLA OPPENHEIMER, M.D.

I AM going to begin this short discussion of the preschool child, the depression and the public health nurse with the statement of an unqualified conviction, namely,—*that all we know concerning the importance of an adequate diet, of habit training, of medical supervision and protection from communicable disease during the preschool years, not only for the present, but for the future physical, mental and social well-being of the child, points to the need at least of maintaining, and wherever possible, expanding the services which public health nurses can bring to children of this age period.*

We are faced with the realization that even before the depression, in very few communities did there exist a complete program for the adequate care of the preschool child. The task of building up the necessary services to make universally available opportunities for optimum growth and development of children during this period may be said to have barely begun. Yet increasingly during the past few years the economic condition to which millions of families have been brought by the depression has enlarged tremendously the numbers of children needing the services of public health nurses.

ESSENTIAL SERVICES

What services then should the public health nurse under no circumstances fail to provide for the preschool child? This is the subject your editor has asked me to discuss briefly. The answer to it is clear when one considers the evidence that exists as to the effects of the depression on preschool children.

Mortality rates continue to be low and in quarters where relief and health services have been adequate to meet the need there is an impression that preschool children are in remarkably good shape in spite of the depression. But evidence is coming from a number of sources to indicate that all is not well. There exist relatively few records of reasonably comparable physical examinations of children over a period of years, but where such records do exist and have been tabulated and analyzed, the findings are sufficiently striking to indicate that there has been a very real force at work casting its shadow at least over certain groups of children. There are, for example, records of medical diagnoses of malnutrition over a period of years among preschool children in health centers in two large eastern cities; one—a community health and nursing service—reports that the proportion of malnourished children among those of preschool age examined at its center was almost doubled in 1932 as compared with 1930 and 1931; the other—a center which gives complete physical examinations for a group of social agencies—reports that 11.5 per cent of the children under 6 years of age who were examined in 1928, 1929 and 1930 were malnourished as compared with 19.5 per cent of those examined 1931 and 1932. Again the director of a large and active State Division of Maternity, Infancy and Child Hygiene, recently tabulated the summaries of defects noted in the examinations of approximately 5,000 rural children yearly in 1929, 1930, 1931 and 1932, and reported a striking increase in the proportion of preschool children with active rickets, enlarged glands, and abnormal tonsils in 1932 as compared with 1929. Another State, on analyzing the findings of its well child conferences reports that 19 per cent of the children examined had nutrition defects in 1931 and 1932 as

compared with from 11-14 per cent in 1927, 1928, 1929 and 1930.

ADEQUATE NUTRITION

These cold figures indicate clearly that the efforts of the public health nurse on behalf of the preschool child should at the present time be directed especially toward the prevention of malnutrition, and toward securing medical supervision and corrective treatment where these are necessary. The prevention of malnutrition during the depression involves, as in the past, individual work with mothers and children. But more than in the past it involves concrete help to mothers in planning their food budgets so that on the limited incomes at present available, all the family, including the young children, will be fed as well as possible. Many communities have persons trained in nutrition work and in home economics on whom the public health nurse can call for help. But where such technical help is not available, the nurse must needs herself shoulder the responsibility for securing this knowledge and bringing it to those who need it. Furthermore, the nurse might well consider her work incomplete if she does not awaken the community to an appreciation of its responsibility for providing adequate relief, and of the serious consequences to young children of inadequate relief.

MEDICAL SUPERVISION

The importance of providing facilities for medical supervision—with all that it implies—periodic examinations, the correction of defects, and protective immunization—for those who can not pay for such services is obvious. The public health nurse is often the person to initiate cooperative activities on the part of hospitals, the medical, nursing, and health groups of the community, to provide such services where none exist, and to expand them where necessary.

THE "NEGLECTED AGE" MUST NOT BE NEGLECTED NOW

There is no question that in many communities the health of preschool children would be much worse than it is, were it not for the great efforts which have been made on the part of both parents and health workers to minimize the effects of the hardships on young children. There is also no question that in many places, because of the pressure of the most apparent urgent need for efforts on behalf of infants on the one hand and school children on the other, preventive health activities for the preschool child have been allowed to fall by the wayside. But wherever facilities for health education and preventive medical service for preschool children have been available, they have been increasingly utilized by parents who formerly sought such advice privately. Physicians, nurses and social workers in children's health centers and dispensaries comment on the higher grade of intelligence of many of their clientele and of their great desire to cooperate. Mothers accept with eagerness instruction which is given them on low-cost adequate diets that will provide for the growth needs of their children, and in many places an enthusiastic effort has been made to educate people as to the best use to which to put even the smallest amount of money for food. In other words there is a large group of people who are seeking and using every available facility for informing themselves as to how best to meet the situation which confronts them so that their children may not suffer.

To the public health nurse is given the opportunity and in many instances the sole responsibility of providing through her own activities, and of stimulating the community to provide, these health educational and preventive medical services for the many preschool children who need them and do not have them.

Preparing the Child for School

By JAMES FREDERICK ROGERS, M.D.

ONCE upon a time, and not so long ago, I wrote a pamphlet intended for parents entitled "Is Your Child Ready for School?" Its preparation was suggested by an organization especially interested in the "Summer Round-Up," but it was hoped by the author that the parent would not consider his child forever after ready for school simply because he was pronounced so on his first day of attendance, and that the publication might prove useful throughout the child's school days.

Except for one hygienic precaution, the question "Is your child ready for school?" is a rather absurd one. Why, when the child is five or six years of age, should the parents or any one else, suddenly become interested in finding out whether the child is physically as perfect as his heredity and past experience will permit? And why, if this is discovered should the child be considered always ready for school? Getting ready for school should begin before we are born and continue until school days are over. This may be the case some day; in the meanwhile, the paper and ink used in preparing the publication mentioned above were, perhaps, not wasted.

THE SPECIAL MENACE IN SCHOOL LIFE

Assuming that the child has been prepared otherwise from his first year, his entrance to school brings one threat which has not before loomed quite so ominously, and that is the danger from communicable disease. Unfortunately, with the exception of smallpox and diphtheria (and, in emergency, scarlet fever), very little can be done to make the child ready for this exposure, but what can be done safely, should be done. Immunity to diphtheria has been increasing since the child's second year but from 5 to 10 years, some 30 per cent of those who are unvaccinated are susceptible to infection and the mortality among those infected is (or was) high. At school the possibility of infection becomes higher than it otherwise would be because the new school child usually comes in contact with a larger number of children than would otherwise be the case. The public health nurse who persuades Mr. A. to have his children immunized against diphtheria at school age serves not only to protect these children but helps to protect the children of parents, B., C., and D., who may not have been immunized. It should not be forgotten that the immunity produced by the use of toxin-antitoxin may not appear for months. This brings back to mind the use of the word "absurd" in connection with "summer round-up" preparations for school. Still, such preparation is better than none, and we will hope that the "round-up" is conducted early and that the outbreak of diphtheria appears late in the season.

With smallpox epidemics abroad, it is, of course, wise to see that the unprotected child is vaccinated, and again some time before he enters school. Where the nurse has the opportunity to supervise these children all the way through this—by no means simple and normal—experience, it is to be hoped she will do so. The vaccinated child is a sick child and he is often very sick. Why so few cases with grossly neglected sores do not turn out worse is a mystery to the writer.

In preparing the child for school, it is well to think of the welfare of the children with whom he will come in contact. Bodily cleanliness should be insisted upon, and also, if need be, his head should be deloused and his skin de-ringwormed, de-scabied, and de-impetigoed before school entrance is permitted. It is vastly easier to prevent the spread of these conditions than to cure them.

Their treatment has consumed all too much of the time of the school nurse in the past.

EYESIGHT AND HEARING ASSUME IMPORTANCE

The child's school activities make his vision and hearing of more moment than they have ever been in his life, and the frequency with which a gross lack of keenness of these senses has been overlooked, again shows that this thing of "getting the child ready for school" is not so absurd an occupation as it might seem. There is a large range in vision which is quite adaptable to the small amount and the character of eyesight which the school child should be called upon to use. There is very little prospect of eyestrain in the first months of schooling, but there is one condition, strabismus, which deserves immediate remedy if possible, for the reason that the less used and weaker eye will grow still weaker with continued disuse. Of course any disease of the eye should also have immediate attention, and any visual error so great that one who, himself, has eyes to see, could not do otherwise than stumble over it.

When it comes to ears and hearing, it is quite another matter. If there is any one condition which interferes with a child's normal life in school from the very beginning, it is the inability to hear what the teacher and children are saying. Children with running ears are not at all uncommon. They need treatment and the treatment will result in better hearing. One examiner of long experience has formulated the following "six-foot rule": "If a child does not hear whispered speech (as used near the end of expiration) with at least one ear, at a distance of six feet, he can not profitably remain in the ordinary class of an elementary school unless he is making good progress with his class."

But we are traveling too fast. This article has nothing to do with the child after he has reached the school. To return to where we, for the time, belong—Children with "running" ears or otherwise diseased ears and children evidently hard of hearing should be found and helped if possible before they go to school. The above "six-foot rule" statement of Dr. Love seems contradictory—apparently, the child who cannot hear what is said to him at six feet *may* make good progress in his class. He may not only make good progress but he may lead his class. It all depends on what is back of the organ of hearing. There are those who have ears and hear not and there are those without ears who hear. Physical defects of such serious nature do not handicap the child nearly as much as is sometimes made out. There are other avenues of approach to the brain. In this connection it is often difficult to know whether a child is hard-of-hearing or simply dull of brain. Tests of intelligence apply here, but they hardly come within the province of this paper. We will let the school authorities measure the child's mentality and do with him what they see fit. We cannot, in preparing the child for school, reconstruct his machinery for thought nor can we compensate for scanty mental nutrition in the home.

LATE, BUT NOT TOO LATE, FOR NOSE AND THROAT TREATMENT

From the ear we may travel without hindrance through the tube of Eustachio to the pharynx, the region more beset by harmful bacteria than any other in the body. It is late in the day to be looking for abnormal conditions of the nose or throat but, if they exist and to such an extent that they are a real menace to health, their treatment should be recommended. We have been entirely too glib in our pronouncements along this line. There is all too much evidence that most adenectomies and tonsillectomies do no good whatsoever and we forget that the risk to life from these experiences is not negligible. At school age the pharyngeal or foucial tonsils, or all three, are often enlarged or diseased to a degree that renders their removal, even by our crude methods, advisable, but we should think twice before deciding this matter. So far as the school progress of the child is concerned, we cannot promise too much from such operations. Maybe he

will do somewhat better, maybe not. The brain remains as it was before.

TEETH AND NUTRITION

While we are looking into the child's mouth, we should observe the teeth—those "jewels" which, we fear, in most children getting ready for school are paste diamonds and poor imitations of pearls. It is evidently late, very late, to do much about these structures, but it is not too late to do something. Probably nothing quite so revolutionary in our thinking has come about within the last few years as our understanding of the nature of the teeth. Recently it has been suggested that the teeth may be the most delicate indicators of nutritional condition which we possess. Be that as it may, they are very much alive, not "dead" as we formerly thought, and even at school age the tendency to decay can be much lessened, perhaps checked altogether, by right feeding. Such a method of attacking the dental problem is the one first to be thought of, for not only will decay of the teeth of the prospective school child be reduced, but there will be the same effect on the teeth of the whole family exposed to the improved diet.

There is much that is not known about nutrition but Brobdingnagian steps have been taken in this realm in recent years. More than food affects nutrition, but where the use of milk, meat, eggs, fish, fruits, potatoes, and other vegetables predominates the quality of the teeth is relatively excellent. For best teeth we should have best materials from the child's beginning and not merely at the beginning of school days, but the living organism is constantly being made and remade and some good comes from improved practices even when, as at school age, the human body is relatively finished.

A dental hygienist told me that her teeth had vastly improved, or rather had practically ceased to decay since she studied for her work and put into practice the knowledge of nutrition she had learned. The man she married had also had some heavy bills for dental work. Of course he had to eat what she prepared for him, and she did not cater to his personal preferences. His teeth also ceased to be troublesome and a source of unnecessary drain on the family treasury.

To return to our five-year-olds, a better diet undoubtedly produces good results in other tissues of the body than those of the teeth. There ought to be an improvement in the general health of the child and, hence, in his fitness and fondness for work and play. The mere removal or filling of a tooth can exert but a trifling effect in this direction.

THE FUNDAMENTAL OF FUNDAMENTALS

When we get to the feeding of the child we are dealing with fundamentals in health, or with the most fundamental of fundamentals. If the child is rightly fed other conditions in his personal hygiene will almost take care of themselves. We have various (fifty or more) tests for malnutrition, but the only real test is whether the child is exposed to the right kind of food, and whether he has a chance to sleep and to play. Granted that he is unaffected by disease, it does not matter whether he is short or tall, thick or thin, he will be well-nourished so far as we can influence his condition.

After getting the child well-fed, the nurse can persuade the parent who is preparing his child for school, to see that he is "early to bed and early to rise," for these will help bring those desirable possessions known and chanted in verse from time immemorial.

DEFINITE HANDICAPS

If our child is a cripple or evidently ailing in any way the preschool examination is a good time to discover the condition and get it adequately treated. Defective speech is much neglected by the schools and no child is more unfortunate than one who has a serious speech defect, especially the defect of stuttering. If the child receives special speech training in school, this can only be made effective if he is understood and rightly treated at home. The nurse can do much for him by bringing the parents to understand the spiritual as well as

physical needs of this child. We have recently gone into details with regard to this subject in the publication by this Office of "Speech Defects and Their Correction," to which we would refer those who are interested in the subject.*

PRESCHOOL POSTURE EXERCISES—PREPOSTEROUS!

I shall take space in this journal for only one other item with reference to the child's physical condition and that is his "posture" or "carriage." It is bad enough to pester the child of school age on this point, but it is downright cruelty to animals to put younger children through prescribed paces with the hope of making them all stand alike and all approximate a prescribed model, selected arbitrarily. Our carriage, like our facial features, is the result of heredity, except where we may have been injured by disease or accident. Certainly this is the case at the beginning of school life and there is no evidence to show that posture is changed, or can be essentially changed, by any ordinary means. Under the influence of fatiguing and depressing mental conditions the child may tend to droop, but when these conditions are removed and when he is well-fed and well-slept he will assume as good a carriage as is possible for him. The carriage may not be handsome, but neither, in many cases, will his facial features be handsome. What the school may do or try to do to that carriage is of no concern to us in this paper.

Granting that the child is "ready for school" on his first school day, it should be impressed upon parents that this "getting ready" is a business which should continue throughout the child's school career. Moreover, when he is not in condition for school, when he is evidently ailing, he should be kept at home not only for his own good but for that of other children.

*The pamphlet can be secured from the Superintendent of Documents, Government Printing Office, Washington, D. C., at a cost of five cents.

Florence Nightingale

May 12, 1820—August 13, 1910

Mrs. Nightingale and her daughters in 1828. From a water-color drawing in the possession of Mrs. Cunliffe

Organizing a Rural Preschool Conference

Many a rural nurse working more or less alone has been confronted with the problem of organizing a preschool clinic or conference. The following outline, formulated by the county nurses working under the Dutchess County (N. Y.) Board of Supervisors with the assistance of the Dutchess County Health Association, may contain suggestions for our readers.

The Spring season is the ideal time for the "Preschool Round-up" or Health Conference or Consultation in localities where this service is not a well established regular weekly, bi-monthly, or monthly service. May is a good month since the country roads are usually suitable for travel, the weather warm enough so that a heated hall is not another item to be considered, and if the work is completed then, it gives the parents and the nurse the summer months to arrange for defect corrections in order that children should be in good condition to enter school in September.

The organization and conduct of the conference differ, of course, depending upon the local situation and the local facilities available; whether or not there is a lay Health Committee to assist or other nurses working in the vicinity, and also depending somewhat on whether the nurse is well established or a very new worker in the territory.

Perhaps the simplest method of drawing a clear picture of the task is by outlining and defining each step in its order. The following outline describes the process where there is a well organized lay committee. Plans and preparation are usually started one or two months before the proposed time of the conference.

I. Consent of County or local Medical Society, secured by nurse.
II. Consent of local Health Officer, secured by nurse.
III. Provision for funds, usually spent as an honorarium to physician for his services, secured by nurse. Following sources are suggested:
    1. Special appropriation of County Supervisors.
    2. Special fund from treasury of local lay Health Committee or local Red Cross.
    3. Appropriation from local Board of Health.
    4. Special gift from any unofficial organization or from an interested citizen.
IV. Nurse consults Health Officer for selection of examining physician. If he does not act in this capacity himself, nurse interviews physician selected by him and discusses following points:
    1. Date and hours of consultation.
    2. Examination technic and records.
    3. Physician's fee.
V. Presentation of plans to lay Health Committee asking the sub-committees to function as follows:
    1. Clinic Committee.
        a. Secure place for conference. Should be in a central location, preferably not a church (although this is not an objection in many places), first floor if possible. Hall should have at least two rooms, three if they can be secured, and toilet. Other suggestions for locations are fire company houses, grange or fraternal organization rooms, community hall, or rooms of school if apart from regular class-rooms.
        b. See that the rooms are clean.
        c. Secure at least four tables.
        d. Secure folding screens (two or three), particularly in cases where separate rooms are not available. Sheets strung on curtain wire may be used to provide temporary dressing rooms.
        e. Provide plenty of chairs.
        f. Give assistance at conference (as directed by nurse, described later).
    2. Transportation Committee or "Motor Corps."
        a. After receiving names from nurse, transport patients to and from conference as directed.
    3. Publicity Committee.
        a. Advertise conference by newspaper notices, posters, and public announcements in churches and special meetings.

VI. Nurse secures names for special notification in regard to conference from such sources as:
1. Her own nursing records.
2. Birth registration office (listing infants and preschools, age, names).
3. Local physicians.
4. Other public health and social agencies.
5. School census.

VII. Home visiting, to invite patients to conference. Appointment cards may or may not be used. If used, usually a 20-minute interval between appointments is allowed, the first patient arriving 20 minutes before the first examination. The use of the cards saves confusion in the conference and eliminates waiting, but in some communities, due to transportation and distances to travel, the people object to a set hour. The nurse must use her own judgment in the matter. In some places only those having admission cards from the family physician, or those having no physician, may be admitted; but this is not usually necessary where permission has been given by the County Medical Society, and all defects for correction are referred back to the family doctor.

VIII. Preparation of Rooms: Nurse visits hall, bringing equipment in ample time prior to consultation to arrange rooms. If the hours are in the morning the nurse may need to equip the rooms the previous day. A member of the Clinic Committee may be taught to assist in this. The arrangement and equipment of rooms follows:

1. Waiting Room.
   Plenty of chairs.
   Toys for children.
   Dressing table with following:
   Sheets.
   4 pads.
   4 rubber squares.
   6 wire baskets.
   Small blankets to wrap babies.
   It is a decided advantage if the services of a mental hygienist, social worker, children's nurse, nursery school director, kindergarten teacher or a lay person can be secured to preside in the waiting room to entertain and supervise the children.
2. History and Weight Room.
   2 or 3 chairs.
   Scales including tray for babies.
   Exhibit and Measuring Table (large) with following:
   Measuring board.
   Paper napkins.
   Exhibit of:
   Layette.
   Baby tray.
   Breast tray.
   Baby basket and doll.
   Literature. Suggestions follow:
   Baby Book.
   Prenatal care.
   The Baby's Bath.
   Diet cards for:
   Expectant mothers.
   Nursing mothers.
   Infants.
   Preschools.
   Immunization leaflets.
   Breast feeding, etc.
   History table with 2 chairs—surrounded by screen or in secluded corner.
   Large blotter.
   Small blotter.
   Black ink.
   Red ink.
   Pens and pencils.
   Scratch pad.
   Paper clips.
   Heavy-weight charts.
   History forms (Infant and Preschool Child).
   Record files.
3. Physician's Examining Room.
   3 chairs (for physician, patient, and nurse).
   Medium sized table equipped as follows:
   1 sheet.
   1 pad.
   1 rubber square.
   Tongue depressors.
   Adhesive.
   Flashlight.
   Rectal thermometer.
   Cotton.
   Alcohol.
   Vaseline.
   Blotter.
   Defect and Recommendation blanks.
   Scratch pad.
4. Toilet or Lavatory Room.
   Doctor's scrub-up.
   1 white basin.
   Soap.
   Towels.
5. Miscellaneous Equipment.
   Paper bags (for waste).
   Safety pins.
   Newspapers.
   Clinic gowns.
   1 doctor's gown.
   Where fewer rooms and fewer tables are all that can be secured the nurse must use her judgment about combining activities in rooms, equipment on tables, etc. In this case she would use more screens and use separate corners of room, endeavoring to place physician in a space apart in good light.

IX. Conduct of Conference.
1. First mother and family arrive (by self or via "motor corps.")
2. Children undressed at dressing table, assistance being given mother by committee member.
3. Weight and measurement at meas-

uring and exhibit table. (This is done by nurse if one is available, if not nurse teaches committee member). Slips are made out of height and weight and taken to history table.

4. Mother proceeds to history table (child left with worker who entertains children, if possible.) Accurate history taken by nurse; instructions given. Often it is possible to secure history at time of home visit prior to conference, thus eliminating some history-taking at conference. In some places the committee member has been taught to assist with the history taking.
5. Mother and child admitted to examining room with record card where nurse who is to follow-up the case is present with physician. Nurse records findings on record for physician, unless he prefers to do it himself. Defect and recommendation blank is filled in by nurse, signed and given to mother. Only recommendations given are those referring patient back to family physician or dentist.
6. Child dressed at dressing table (his clothes have been kept apart by use of individual wire basket), mother aided by committee member, if necessary.
7. Nurse instructs and demonstrates at exhibit table, taking mothers singly or in groups, according to management of consultation.
8. Mother given literature. At some consultations the physician gives the literature in the examining room.
9. "Motor corps" or transportation committee take mother and child home, if necessary.

While the first mother is at the history table the second mother is at the dressing table and so on in order. A committee member is valuable in arranging the order of patients and activities.

When only one nurse is present she should devote as much of her time as possible to those activities which she as the professional worker can best perform — namely, instructing the mothers, assisting the physician, and interpreting his findings.

X. After last patient has left and physician has gone, the nurse and committee members put rooms in order, returning borrowed equipment and packing all for removal, always leaving rooms as found and locked.

XI. The next step is the home follow-up by the nurse, usually begun after a month, except in special cases which need immediate attention. By that time many defects may have been corrected or treatment started and the nurse can already begin to see the good results of the conference. In other cases many visits are necessary before the advice is heeded. Records show, however, that where the conferences are held many more children enter school in good condition.

Courtesy of THE PARENTS MAGAZINE.
Photograph by Lena G. Towsley

Concerning Foster Homes

By FRANCES KNIGHT

THERE is nothing new or modern about placing children in foster homes. Under Judaism, the legal placement of orphaned children in selected homes dates back to the year 1500 B.C. In the early Christian Church, the same type of service was developed and has never been wholly displaced, although in later centuries, many institutions were developed.

Article 3, of the Children's Charter, subscribed to by three thousand specialists, at the White House Conference on Child Health and Protection, held November, 1930, is as follows:

> "For every child a home, and that love and security which a home provides; and for that child, who must receive foster care, the nearest substitute for his own home."

In our day this surely is the "Magna Carta" of the social agency working with needy, dependent, and homeless children. Inalienable rights are here suggested, and a sacred obligation imposed upon those who undertake to care for boys and girls, who, by reason of disease, death, desertion, or divorce, are deprived of their homes. Recent figures, coming from Washington, indicate that while there is a decrease in the number of children in institutions throughout this country, there is a steady increase in the number receiving care in foster homes. It is conceded that the best work is done by the selection of a suitable home for the individual child, and by careful supervision over a continuing period. By the same token, the worst and most damaging results can be expected from faulty home standards, and a "hit or miss" method of supervision. The biggest job is to know the real values of the child himself, as an individual, and the tools available to us for the gathering of this knowledge are the mental, physical, and social sciences.

We recognize that we cannot know the child without gathering all the facts pertaining to his family background; the accurate knowledge and careful evaluation of family "strengths and weaknesses" are of primary importance; this is equally true of the family who desires to give foster care.

STATE SUPERVISION

In many states there are recognition and supervision of foster homes. These are usually initiated by filing an application for a license for boarding, or asking for the approval of a prospective free or adoption home. It is true that many children are boarded without help of the welfare department, but the public departments are working continuously to improve their legal setup, and so afford maximum protection to these children.

TYPES OF HOMES

Foster home care can readily approximate the normal life of the child, and is not an expensive method. The Methodist Children's Home Society in Detroit uses advantageously three types of homes: free homes, adoption homes, and boarding homes.

Under the Michigan state law, all free homes for children up to the age of sixteen years must be approved by the State Welfare Commission; all boarding homes must be licensed, and the license renewed annually; this same license indicating the number of children to be placed in the home. All adoption homes must be approved by the State Welfare Commission, and notice of such approval must be a matter of record before any adoption is consummated. The usual investigation by the Methodist Children's Home Society of the prospective foster home, involves the gathering of such interpretations of the family life and the quality of individuals as will ensure not only happiness, security, and protection for the foster child, but will make a lifetime contribution. If the family has made

application to another agency, or is known to another agency, the records are read, or the report is received of their findings. All the information gathered, from whatever source, is made part of a permanent record and is placed on file in the office of the Society. The home, on the basis of the facts, is approved or disapproved by the Committee especially appointed by the Board of Control for that purpose.

A so-called *free home* might readily mean that the foster family supplies all the child's needs, except the usual and required medical check-up and dental care. Or, that eventually, guardianship, which would secure the child's future under the direction of the Society, would be sought for the child already happily adjusted by virtue of long term (free) care. Or, that a child pursuing his or her studies in high school, and in return for light services, such as part-time care of a younger child, receives free room, board and clothing. The children placed in free homes are usually the legal wards of the Society, who, perhaps, have come through the medium of the juvenile courts. Because of faulty family history, or perhaps, because they are older than is usually desired by adopting parents, they may not be placed in adoption homes. They must show possibilities of normal development.

Boarding homes, as such, are available for children of all ages and boarding rates are determined by the age and needs of the child. The success of the boarding home plan depends upon standards of selection, quality of supervision, and the *esprit de corps* developed between the visitor and the family. The following case will serve to illustrate the quality of home life, and the love and protection available to children under this plan:

George, Bill, Henry, and Ruth were left motherless in June, 1926. Their father tried a housekeeping plan and that, because of heavy costs, failed. Through one of our churches he was then referred to the Methodist Children's Home Society. Our investigation revealed that while George and Bill were children of the mother's former marriage, the father seemed to have as much concern for their welfare as for his own two children, and was ready to pledge his support for all four children if the right home might be found for them where they would be kept together. The family had lived in Michigan for four years, but had no relatives in this State, and those at some distance from the family were not able to plan for the care of any of the children. The father was employed as a mechanic by an automobile concern. The usual stripped physical examination given each child indicated underweight, bad tonsils, a heart condition, and neglected teeth.

On the basis of the known facts as to the type of family life previously known to the group, the general physical condition of the children, their personality make-up, and the father's intense desire to keep his family together without too much shock from the changing and uncertain authority incident to housekeeping plans, it was decided to place the children in a country boarding home.

Within thirty-five miles of Detroit we had a boarding home where the foster parents were 48 and 40 years respectively, and had one child—a daughter of twelve years. They had come to our notice through another boarding home, and we had used the home successfully for two children, a brother and sister, who were with us for short time care.

The children were then referred to the visitor in that district, and, in August, 1926, they were placed in this home at the regular boarding rate. The children are still with these boarding parents, under the care of the same visitor, and her supervisory visits have been made on an average of three per month during these years.

Separate medical records for each child, indicating a corrective or remedial program, and complete school records have been kept, in addition to a "running file" having to do with their general development and behavior. Unfailingly, and promptly, on the first of each calendar month, whether the father has been able to pay or not (he has been out of work for some time), the check has been sent to the boarding parents, for board, clothing, shoe repairs, school supplies, haircuts, etc. When George was ready for high school, the entire family moved to an adjoining town because the educational facilities there would more readily meet the boy's needs. Last year, when this same lad was ready to enter the Ford Trade School, the boarding parents decided to move into Detroit, where they owned a house, in order that the boy might pursue his studies there without any break in the family life he had known for the past years. There has been the same careful consideration of the needs of the other children, and their own father is always a welcome visitor in the boarding home. At present, the children and the father are buoyed up with the sense that soon they will be old enough to look after themselves, and that "Sister" will be able to be their housekeeper.

Our records with children in foster homes show that the average length of

stay per child per home is twenty-two months, which proves in itself that children under this system of care are not in this home today, and in another one tomorrow.

QUESTION OF ADOPTION

To adopt, according to Webster, is "To choose, or take to one's self a child." In our experience, even in these times, we have many more applications from prospective adoption homes than we have children to place in such homes. Curly-haired, blue-eyed baby girls are still in the preferred class, and yet it would seem that this "choosing" public has gathered something of the emphasis being placed by workers in the children's field on physical and mental health, personality make-up, racial, social, and cultural backgrounds, and are now more influenced by the total history as obtained and presented to them. It is a rare thing with us to have the prospective parents know the child before having learned the history; in other words, we work always towards having the "head govern the heart." Our prospective adoption parents sometimes wait years with us for the right child, and often after we have worked out one complete adoption they return with a request that we consider their application for more children. Our period of supervision after the child has been placed on trial extends over three years. This, in our opinion, provides maximum protection for the principal party, namely, the child, and gives to the foster parents the services of our staff in those early formative years. It is our thought that the adjustment of the younger children, providing there are the reasonable and regular initial proceedings, works out more satisfactorily and more smoothly than that of the older children, and we recommend that the child be advised of his real relationship to the family.

However, there is this to be said for the older children: Growing up as they are, with a consciousness that in particular they belong to no set of parents, *they do want a home, and parents, and a real sense of belonging.* From time to time, with the help of an alert staff, real opportunities can be made for these older children to their entire satisfaction, happiness, and security. The following story will illustrate this in connection with two brothers who were ten and eight years, respectively, at the time of their permanent placement:

> To lose one's mother on January first would not be a very happy way to begin a new year, and is especially sad when one is only nine and has a little brother seven, both without a father's protecting care for over four years. This was the plight of Herbert and Harry when referred to the Methodist Children's Home. These boys were admitted to our care and were placed in a boarding home. We then took this matter into juvenile court on a complaint alleging dependency and the legal custody of the boys was obtained. During this same period a psychometric examination was given each boy, bad tonsils were removed, teeth were put in good condition, Wasserman blood tests were taken, and the task begun (which is not described by any particular phrase) of making the boys ready for life. After sixteen months in a boarding home under intensive supervision, we knew our boys quite well and were ready to listen to an attorney who approached our office. He stated that among his clients he had a family who were "very refined and highly educated, and were in a position to give children wonderful opportunities. They would like orphaned brothers of four and six years, but would insist that the boys be mentally and physically sound."
>
> While Harry and Herbert were not the four and six year old boys requested, the Society was in a position to portray to these people, with so much to offer, a very complete picture of the boys' physical, mental, and personality development. After the history was given to these parents, the boys were presented, with the happy result that they went into this home on trial for adoption. It was found through a further period of sixteen months' supervision that an entirely satisfactory adjustment was being made by both parents and children, and the legal adoption papers were then executed.

With high hope we pursue our course of helpfulness to children in foster homes, believing that "he who helps a child helps humanity with a distinctness, with an immediateness, which no other help given to human creatures in any other stage of their human life, can possibly give."

Nursery Schools for the Modern World

By ANNA W. M. WOLF

MRS. BROWN was very discouraged. She felt as though she had given so much of herself to her children that there was almost nothing left. Junior was eight, going to school and playing with other boys in the afternoon. But Bobbie was only three and needed her constant attention. If she left him alone with the others, there was bound to be a row. Junior complained that he spoiled the older boys' fun because he was only a baby, and if left alone with the neighbor's child of two and a half, there were always wails when one snatched the other's toy. If Bobbie had really seemed to profit by her devotion, she might have felt better about it. He was, however, a very trying little boy. Whatever she suggested seemed to meet with opposition. There were scenes at meal-time over dawdling, scenes about going to bed, about washing hands, putting toys away. He whined continually. Was he a happy child? Mrs. Brown was forced to admit that he was not. The doctor pronounced him in good physical condition but advised that a few pounds more weight would be all to the good. As for the bad habits, all children were like that. He would outgrow them. Mrs. Brown found this small consolation. She was conscientious in the extreme. She gave her children the best of care. She read books about children. She also loved her children. But somehow she never really *enjoyed* them.

Her friend, Mrs. Edwards, had urged her to join the Woman's Club. The contacts she would make and the ideas she would encounter there would take her out of herself and make her feel young again, she said. But Mrs. Edwards had money enough to engage help to stay with her children while she attended lectures or a meeting. Mrs. Brown had always felt that she could not spare the time even if she found the money for club dues.

The two women talked it over. Mrs. Edwards, it appeared, despite the maid, was far from satisfied with Jimmie's development. He was shy or hostile to other children and would not permit them to touch his toys. The maid did not help the situation. She encouraged picture books because it was easy for her. The child needed outdoor exercise and the society of other children. She urged Mrs. Brown to bring Junior to play with Jimmie. There was a jungle gym and a see-saw in her yard and a box of big blocks in the playroom. Perhaps Mrs. Peters would let her three-year-old come; and there was a new family in the neighborhood with children of about the same age who might be glad to come and play too.

Eventually a plan developed whereby Mrs. Edwards and Mrs. Brown took turns supervising this group of children, each releasing the other for two afternoons a week. Mrs. Brown discovered that she had very little native talent or ingenuity in the management of children as compared to Mrs. Edwards, but she took the work seriously and was interested in the differences she observed in the capacities and temperaments of little children. She sent for further information from the state university which maintained a nursery school for its teachers in training. She induced the mothers to club together to buy additional materials. At the Woman's Club, which she joined, she heard a lecture on child psychology which sharpened her observations and made her days of attendance more than a mere chore. At any rate, three afternoons a week on which she could arrange to be absolutely free to read, attend a meeting or a party or renew an old acquaintance, went far to restoring some of her lost youth, as well as her real capacity to enjoy her children.

It was the inspiration of this informal group, meeting on fair days in the Ed-

wards' yard and on rainy days in their nursery, which led to the idea of organizing a real nursery school, first, year by year, as interested parents contributed a portion of the funds, and later, as a going and established concern. The Board of Education furnished the space in one of the public school buildings, and the services of a trained nursery school teacher, with a student assistant, were secured through the university and paid for by a special group. For Mrs. Brown, her own share in the early phases of the venture opened new avenues of interest and brought her into contact with people and currents of thought which have been important links in her own development.

What did the experience do for her children and what is it doing for children all over the nation?

Honest parents will admit that neither they nor their children profit by continuous, twenty-four-hour-a-day contact with one another, seven days out of the week. No matter who we are or how great our love for each other, both adults and children need variety and change. In homes of the well-to-do, the children's nurse or "extra help" relieves the situation. On the less well-to-do, however, conditions of modern life bear down hard. Large families with children near enough of an age to be real companions to one another, are the exception rather than the rule. Automobiles make street play dangerous. Gone is the "back lot" with its assortment of odds and ends of planks, tin pails, cast off implements of various kinds, which formed a natural playground for children. Self-contained small towns where most of the inhabitants were known to one another have yielded either to larger cities or in the smaller towns, to shifting populations, where parents are less sure than formerly that their children find wholesome outlets and companionship. The "back lot" has become the "back alley."

A TWOFOLD FUNCTION

The nursery school has developed as a plan for adjusting to the changed conditions of modern life. Toward this end it performs a twofold function: it brings back into the lives of little children wholesome activities in suitable surroundings, a world in which they may live and grow and be happy for part of the day, under wise and understanding supervision. Secondly, the nursery school becomes a center where parents may learn more about their own children by seeing them among others and by council with the teacher whose experience is often wide and whose skill with children may be great. When the business of parenthood grows discouraging, when we begin to think that we have made the most dire mistakes and that our Johnny is going rapidly "to the dogs," life can assume quite a different hue when a talk with his teacher assures us that others have gone through the same phases and when, in addition, concrete suggestions help us to further insight into his psychological needs.

HEALTH AND THE NURSERY SCHOOL

The first obligation of a nursery school is to be ever watchful of the health of the children in its care. Contagions, even common colds, are particularly threatening to children of the preschool ages, but with proper precautions the nursery school may become a safer place for the young child than park or streets with their casual contacts. A wise plan is the daily inspection of throats by a graduate nurse, if possible, and if not, by someone trained to know "suspicious" signs, before a child is permitted to join the group. Since many of the communicable diseases are heralded by a red throat before fever or discomfort is noticeable, a peck of trouble may be avoided by this practice of inspection. It serves the further purpose of accustoming children to medical routines and to accepting them with equanimity and indifference. A running nose, unaccustomed irritability or fatigue in a child should be the signals for prompt isolation until such time as he can be removed to his home and kept there until all such symptoms have disappeared.

The personality of teacher or mother in charge of the children is likewise a

matter of great importance. It is possible to have two or three different mothers take turns in serving, providing that they consciously or unconsciously hold similar educational philosophies, and carry out consistent policies in regard to management. If one leader is "nervous" and lacking self-confidence, if she shouts, punishes, and imposes herself continuously upon the children, they are likely to be confused and fatigued and to find their day's activities, when she is present, merely irksome chores. Success in the handling of little children is probably more a matter of temperament than of education, and one who is natively poised, happy, ingenious, humorous, will elicit these qualities from the children in her care sooner than the "trained psychologist" whose degrees have failed to help her solve her own neurotic problems. Silliness and sentimentality are no substitute for warmth and understanding. But anyone who would help a child forward in its development must temper emotion with objectivity, be quick to recognize both strength and weaknesses within the various personalities with which she is dealing and prepared to help the child to cope with them. Aggressive and pugnacious children must learn gradually to adjust their methods of ego gratification to the needs of a group; the "too good," the timid and the passive child needs encouragement and sanction both in asserting and defending himself and in all that goes with holding his own among his peers.

LESSONS IN SOCIAL LIVING

It is these lessons in social living which are perhaps the most valuable experiences of nursery school life. Getting along with one's fellows is not a simple technique and each child must find his own mode of both yielding and standing firm—giving and taking. It is surprising, too, how simply, within this setting, the everyday routines of a child's life may be dispatched without question and without friction. Washing hands, putting on wraps, eating—all of those irksome routines which are agony in a multitude of homes, are accepted as inevitable because "we do things this way." Or, as a four-year-old nursery school child remarked, when his mother served him spinach, "In school we don't like it but we eat it anyway." When there are ten or twenty others nobody is going to make much fuss if Junior leaves his milk, but Junior will be quick to observe what other children consider proper and is more than likely to follow suit.

In a world where there is a variety of materials with which children may do things, make things, pretend things, where they are not continuously called upon to adjust to adult needs in which they can have no interest, life proceeds with far less friction—disciplinary problems are few because the activities which they find absorb their interest. From two or three years old to six or older, blocks rarely fail to absorb, and to such an extent that a goodly supply of large unpainted wooden blocks of a variety of shapes becomes almost the basis of nursery school material. In addition for the younger child, carts and wheelbarrows, dolls and accessories, and for the older, clay, crayons, paint may be used indoors. Out-of-doors swings, slides, climbing apparatus, sand or pebble piles, water from a tap or hose, a wading pool—everything by which the child may develop skills and motor coordinations and through which he can exert imagination and ingenuity in various ways—all these things are as truly a part of his education as the books and lessons of later years.

A SIMPLE BEGINNING

It is well for the informal neighborhood nursery school where funds and professional services are limited, to begin on a simple scale. Sometimes a room and yard belonging to a public building or church can be made available. Often an interested mother lends the use of her nursery and yard. Space and sunshine are the minimum essentials. Decorations are superfluous. Blocks and shelves to hold them, small tables and chairs are a decent beginning for indoors, and for outdoors, barrels, old crates and packing boxes, planks

and other objects lending themselves to purposes of climbing and balancing. It is well not to have more than a year or two difference in ages between the children in any one group, since their interests and capacities show wide differences in these years of rapid development. Ten would seem a large enough group for one teacher of limited experience to handle, although a skillful teacher can often manage more without injustice to anyone.

The old-fashioned day nursery was only too often a place where children could be provided with safety and amusement during the hours in which their mothers were forced to work. The nursery school differs fundamentally in being a genuine educational institution, with activities and equipment adjusted to the developmental possibilities of the very young child. The teacher is more than a caretaker. It is her task to help each child so to utilize his environment that he develops the best that is within him socially and emotionally, as well as intellectually. At its best, the nursery school contributes enrichment to the lives of both parent and child and offers a possible solution to at least one of the many pressing problems with which the modern world confronts us.

Courtesy of Hamilton House Play School

Sun Bath on the Roof

A Preschool Program for Oregon

The interest of four people and four agencies was enlisted in securing the material for this article. Miss Mary B. Billmeyer, State Advisory Nurse in the Oregon State Board of Health, was responsible for collecting the material, which was contributed by Mrs. Claude Lewis, Child Hygiene Chairman of the Oregon Parent-Teacher Association, Miss Claribel Nye, State Leader of the Oregon State College Home Economics Extension Service, and Mrs. George H. Root, Oregon Secretary of the National Kindergarten Association.

THERE are two outstanding features of the state-wide program for the preschool child in Oregon. One is the interest and initiative displayed by the lay groups in promulgating and extending the program. The other is the emphasis that is placed on parent education. Direct service to the preschool child is only one part of the plan. Concurrent with it is a continuous program of study groups, leader-training classes, home study and extension courses, all offering to rural as well as urban districts an unparalleled opportunity to learn about child development. There is no excuse for an ignorant parent in Oregon!

THE PARENT-TEACHER ASSOCIATION

The Parent-Teacher Association is particularly active in the Summer Round-Up of preschool children. In 1932 almost 2,500 children, not including the younger ones that attended the clinics in the rural districts, were examined, and slightly more than half the defects were corrected before the opening of school. A special effort was made to have the parents present with the child at the clinic and later at the Fall check-up which was held in October. In many of the families the wage-earner was out of employment. Full instructions were given in regard to the different channels through which treatment could be secured and defects corrected. As a result of the examinations many children were found to need special nourishment and arrangements were made by the local Associations to have milk served between meals.

The number of clinics has grown beyond all expectations since they were first organized five years ago, and last year Oregon won the 1932 medal at the National Conference for registering the most babies at the Round-Ups. The local Association with its health chairman and special health committee arranges for the clinics in each district. The women who serve on the committees are selected for their tact and forcefulness in presenting the program to the parents. This is carried out in different ways. Some prefer to make friendly calls. Others send out notes. In still other places small meetings are held at which tea or light refreshments are served, with short talks, making the mothers feel at ease by the informality, and arousing their interest and gaining their coöperation. This plan has proved very successful.

In the outlying districts many make it a gala day, and where the Associations are small, several communities band together, serving dinners, giving prizes, etc., including a sweeping examination for all children not in school. However, only those about to enter school are given credit in the Round-Up.

The State Board of Health together with other state and county health agencies, has been unfailing in its interest and support of this program. The physicians have responded generously with their time and services, and the county nurses have been invaluable in making the project a success. One permanent result has been the establishment of a regular clinic for babies and children under school age held twice a week at State P.T.A. headquarters in Portland. As many as 1,300-1,500 preschool children are registered in the clinic during the course of a year.

RADIO CLUBS

A unique feature of the parent education program are the radio clubs organized throughout the state under the Home Economics Extension Service of Oregon State College. The club may be a regularly organized group of 30-50 members or it may consist of a few neighbors who wish to get together to learn. They meet every two weeks and follow the regular program which has been sent to them in advance. This consists of a half-hour radio lecture given by an authority in child development or parent education, followed by discussion by the group with leading questions related to the lecture. Questions and problems sent in to the radio lecturer are answered on the radio at a subsequent lecture. A written report of the meeting is sent in each time to the Extension Service.

During 1932 sixty-three clubs with a membership of 524 participated in this radio club project. The topics selected for the year's study are presented in several series and have covered such subjects as "Boys and Girls," "Growing Up," "The Progressive Home," and "You and Your Child."

SCHOOLS FOR PARENTS

In addition to the radio clubs "Schools for Parents" have been organized in connection with leaders' training classes. These consist of one-day institutes held in the Spring and Fall at some central place. Eight hundred and thirty parents took advantage of these "schools" in 1932 and felt that the talks and discussions on "Guiding the Developing Child" together with the exhibits of books, pamphlets, and children's clothing were very worth while. The day nursery for "parking" the children was also much appreciated.

As a result of this series of classes 123 leaders were made available for local groups.

HOME STUDY AND CORRESPONDENCE

Another activity of the Home Economic Extension Service are the home study and correspondence courses which are offered on Child Development. These are particularly helpful to the more isolated parent, for whom transportation is a problem.

THE NATIONAL KINDERGARTEN ASSOCIATION

Another agency which has exerted a definite influence in Oregon toward securing better health for the preschool child, is the National Kindergarten Association. Health inspection, which is a regular feature of the kindergarten routine in the public school system, brings to attention remediable defects at a time eminently important in the life of the child with reference to his progress in school and to his general well-being. No day passes in the kindergarten without discussion of hygienic rules and habits, and this, according to many parents, greatly supplements the work of the home, for group action and thought is most effective where the group is made up of similarly aged individuals.

In January, 1928, there were only four public school kindergartens in the city of Portland, the only district in the state authorized under the school law to install kindergartens. Today there is a statewide permissive law, and thirty-one of the Portland schools maintain free kindergartens, nine of these having two sessions each day, twenty-two having half-day sessions. The National Kindergarten Association contributed in many ways to this progress, among them being financial contributions for the purchase of equipment.

Not only has the Association been influential in securing enactment of legislation, but more recently the legislative duties have been rather to combat proposed legislation which, if enacted, would have eliminated all kindergartens from the Oregon school system.

Other methods of arousing interest are the distribution of posters and leaflets, talks at meetings, lantern slides, releases to newspapers and exhibits of kindergarten material. The State Headquarters of the Association also serves as a clearing house of information in regard to available teachers and training courses.

Play and Play Materials

By LOVISA C. WAGONER, PH.D.

"RUN away and play," says the parent who is busy. "What shall I play?" says the child who is bored. Play for the child is not merely a filling of time, a way of keeping out of mischief. Play is a means of learning and a more effective method oftentimes than direct teaching.

Play is a mood—a method of attack. For the adult, it is recreation, a relief from the serious business of life, and therefore not to be taken too seriously; or if so, to be understood as quite another sort of business. The adult, having exhausted his surplus store of energy, requires a definite goal to release or to generate energy in sufficient degree to overflow in play. The child on the contrary, possesses so much free and unused energy that spontaneous activity is inevitable. Not yet have the restrictions of convention closed in so tightly as to curb this overflow. The child is active because of the pressure of energy, and for the sake of the activity itself. The difference between play and work, then, lies less in what is actually done than in the method of attack, the attitude of the player.

Children, however, cannot play unless they have something to play with. Inevitably the child draws his play material from his environment and models his activities largely upon those he sees going on around him. He learns to play with—that is to use—the materials at hand. The game of jack stones for example, may be played with a wide variety of materials; nuts or stones may take the place of the jacks.

The materials a child finds in his environment may be so limited as to make his play unsatisfactory even to himself. Ruskin's one set of blocks was not enough to carry out his plan nor in his isolation from other children, to teach him what he needed to know.

It sounds absurd to say that the child needs suitable things to play with; yet a hurried walk through any toy store is evidence enough that some of the things offered the child are much more useful than other things. The purchaser of playthings should buy with careful discrimination. Playthings should be bought like hats, each to suit the individual user. Presents, no matter how much affection they may express, do not always provide for the child's need.

The best playthings stimulate the child's activity, lend themselves to a variety of uses, are not ends in themselves, but means for developing the child's own interests and skill. In other words, playthings should be selected, chosen carefully for the child who is to use them.

Too many and too great a variety of the same materials may give the child training in sketchy or spasmodic play and may prevent by their very richness and complexity the development of consecutive play. The child may learn to use only highly finished playthings and complete playthings. To suggest the importance of raw materials for play is not to disparage the significance of good color, smooth surface, and durability in toys.

LEARNING THROUGH HANDLING

Preparation and construction are more important in play than manipulation of articles which are fully completed. This explains in part the pleasure many adults find in gardening. When a child has added his idea to a plaything, it becomes play material. It is, however, difficult to add an idea to perfectly finished things with which little can be done. As he uses in his play raw materials that lend themselves to construction and serve as a skeleton upon which he may hang the variety of his own ideas, he learns to see the possibilities of the materials at hand and to bend them to meet his needs.

These needs vary with his age and

development, but in another sense they persist throughout his life, although at different times different needs are pre-eminent. What may be spoken of as a "sensory hunger" persists throughout life. The frequency of "do not handle" and "hands off" signs indicates that even adults enjoy touching things and find a satisfaction through contact, that nothing else supplies.

What the child plays is to a great degree determined by his age and the play space available, and by his freedom to use materials. The little baby in his play is largely occupied in sensory experiences. The movements he makes—kicking, waving his arms, gurgling and babbling, watching objects that come and go, or things that gleam—all of these occupy much of his time. He is interested in investigating his own body, is absorbed in the sensory impressions of movement, sound, touch and sight.

As he grows older, perceptions and sensory experiences occupy a smaller proportion of his time, but much of the so-called curiosity and even destructiveness of young children is directly related to these sensory hungers.

Movement, physical activity, assume greater importance. The type of movement, of course, varies with age. That there seems to be an appetite for activity is indicated by the repetition of any achievement. The little child walks up an inclined board and down again, over and over, apparently finding new pleasure in each repetition.

PERPETUAL MOTION

The preschool child is absorbed in movement. Running around, manipulation or managing of playthings, changes in position which he effects in himself or in play materials, pushing, pulling, knocking down, breaking, tearing, pouring from one container to another—all these are engrossing. As his bodily skills increase he is freed for what appear to be more elaborate forms of play; construction takes more important place in his life. The importance of activity, however, never diminishes, but the type of activity changes.

Mental play becomes more important, analysis, or the taking apart of objects, as well as synthesis, or the combination of materials into new shapes and forms, assume increasing importance. As soon as he can handle words, he begins to play with ideas. This play with ideas may use materials and is often called imaginative or dramatic play.

The importance of play in the emotional development of the child must be mentioned. Not only is there joy in activity, exuberance and overflow of good spirits, there comes also release from fear when the child has achieved a new skill, as using a slide or climbing to the top of the jungle gym. Emotional aspects are not always satisfactory for explosive behavior may result when the child is unsuccessful; when an undertaking proves too difficult.

This is not the place to discuss at length the emotional aspects of play nor the indications of health which play provides. That changes of attitude toward playthings and play mates, and in forms of play, are indications of physical condition, goes without saying. Yet we often fail to note these weather-vanes.

HOME-MADE PLAYTHINGS

A study of home-made playthings indicated that toys made by adults and those made by the child himself, were found in most homes. The toys which adults had made ranged in complexity from paper dolls to a toy cupboard made by a carpenter and a tractor made by a father. The children's playthings ranged from a box cover, turned up to make a slide to a radio—made of boxes, cans and wire. The playthings made by children included: dolls and doll things, vehicles, buildings, scrapbooks, radio, fiddle, tool chest, pop-gun, slide, drum and most numerous of all, objects which were turned to new uses or simply manipulated to serve the purpose in hand. Those made by adults were: dolls, doll furniture and houses, tools, vehicles, swings, kites, wind-mills, sand-boxes, picture books, play houses, blocks and so forth.

The playthings made by the children naturally were much simpler than those

made by adults. They show how valuable in play are ordinary every-day things. They indicate the capacity of the child to turn to his own uses the materials of his environment: for the great value of self-made playthings lies in the utilization of things offered by the child's own situation. Play materials, which develop in the child's every-day experience and result from his own effort, possess an intimacy valuable not only for the satisfaction inherent in achievement in the mastery of materials, but also because of the stimulation of inventiveness and ingenuity. The making of playthings by adults strengthens the bond between adult and child by increasing community of interest and encouraging desirable emotional attitudes toward one another.

Mutual activity lays the basis for understanding. By collaboration in the manufacture of play materials, parent and child come to understand one another more clearly. The parent naturally needs to be careful to expect no more help than the child is able to give, but to expect as much help as he can give. This takes patience, but is one of the best methods of teaching. Other home-made playthings are so complicated that they offer little scope for this mutual activity, and still others may be made by the child himself.

ECONOMY WITH DISCRIMINATION

Careful selection will discover suitable and inexpensive play materials. Those at small cost are abundant and may easily be found by discriminating persons. Boxes, boards, blocks, many of the cast-offs of the every-day household are useful as play materials. These things are often spoken of as the raw materials of play, because they suggest activity to the child and their use is dependent upon his own idea.

At the present time, need for economy adds importance to the discovery of inexpensive play materials. It is not to be supposed that "any old thing" will serve as adequate raw material for play. First of all, dangerous or fragile materials should be excluded. The materials also should lend themselves to the child's purposes. While the child's ingenuity is unbelievably great, his particular interest will determine his selection of material. He may, however, be distracted by too great variety of things or by materials which are incompatible. Space is in itself an important item. On the nursery school playground large packing boxes serve an endless variety of purposes. They may be houses or street cars or with planks help to build climbing apparatus. Effective use of such material depends upon room to move about, to say nothing of housing the boards and boxes.

SAVE THE BOXES!

Boxes, clothes pins, and the common objects of every-day life, by the addition of the child's imagination are transformed into play materials. Smaller boxes such as those which can be obtained from the grocery store may be accumulated in sufficient number and variety of size to be useful as blocks. Even the pasteboard cartons and candy boxes of various sizes and shapes make useful playthings.

Two by four lumber may be sawed into lengths of three inches and multiples of three inches. Such blocks are perhaps the most useful for the children's building, because they can handle them easily and build a variety of structures. It goes without saying that it is better to select wood which does not splinter easily and that it is necessary to sandpaper the rough edges.

Pencils, of course, must be purchased, but much paper that comes into the household—such as wrapping paper—can be used for the child's drawing and cutting. Various calcimine preparations which are sold under different trade names, are excellent substitutes for water colors. They can be mixed with water in old mayonnaise jars, but only small quantities should be prepared at a time. One advantage of these preparations is that even though the child does paint his clothes, the stain will wash out easily. Several thicknesses of newspaper will protect table or floor from the paint which the little child is apt to use too generously.

Pictures from magazine covers or advertisements can be made into charming scrap books. The cambric ones of our own childhood are acceptable to this generation or some of the booklets that come with advertisements may be made over into scrap books.

It is well to teach a child the distinction between the materials which are his to play with and the materials which are part of the household equipment, or the personal property of other members of the family. While it is not easy to teach a child this distinction, he can learn, particularly if he has a designated place of his own to keep them. His learning, however, requires as careful observance of the distinction by the adult, as is expected from the child.

It is the imaginative use of materials which is significant, rather than the material itself. The capacity of the child to use the materials of his environment imaginatively is so common a fact that it tends to be ignored. The supposition is that whatever is new or startling or completely finished is more desirable than the crude materials just described. Yet the dearness of the battered doll seems to be greater than that of the more perfect product of the toy shop. In other words, the child like the adult, becomes attached to the things that he has used and is not altogether dependent upon novelty.

To open the child's eyes to the possibilities of his every-day environment is to train him in a habit of appreciation that will make his entire life more interesting and more significant.

The Interview in Public Health Nursing

By SYBIL H. PEASE

Concluding the series of articles on nurse-patient relationships

THE relationship between the prospective mother and the nurse has been briefly considered* as showing the possibility of integrating public health nursing and mental hygiene. This leads us naturally to the question which is often asked—namely: How far can a profession, characterized by activity and an authoritative approach, really make use of a way of thinking which is in some respects passive and non-leading? The public health nurse can be a teacher, yes, but how much of the tentative, passive attitude can and should she use in her work?

WHAT IS THE NURSE'S "AUTHORITY"?

The community has vested in both the physician and the teacher a large measure of authority. "Doctor's orders" and "Do as the teacher tells you" are familiar concepts to every one of us. Through the compulsory school law and through the sanitary code, the teacher and the doctor become symbols of authority to even the most ignorant of parents. All of us, except the professional law breakers, realize that groups of people must have rules and regulations for their guidance and protection and we are willing, for the most part, to abide by them.

The authority of the parent which the child learns to accept to some degree becomes a part of himself in that device we have called conscience—without which, we are told, a policeman apiece would be necessary. This makes the child to some extent self-directing, but all of us, as adults, have permitted decisions to be made for us in times of illness by the physician who stands to us in these circumstances for the far away parental figure. The figure of the nurse is very closely associated with that of the physician and this aura of medical authority is inseparable from the man-on-the-street's concept of a nurse.

*Pubic Health Nursing, April, 1933.

She, however, thinks of herself more and more as a teacher in the field of adult education and as a worker in the field of preventive medicine—which is to say, in the field of education. She has come into this field recently enough to find it permeated, in certain sections, with the ideas which we associate with the phrase "progressive education" and with the name of John Dewey. It is at this point that the two seemingly widely separated fields of public health nursing and mental hygiene begin to find themselves on common ground, speaking idioms which, though not identical, are mutually recognizable.

In an article on Development of Mental Hygiene in "Psychoanalysis Today," Dr. Frankwood E. Williams speaks of the fact that outside of the organized mental hygiene movement there has arisen spontaneously a very considerable feeling of need for mental hygiene. He finds this interest in all fields of activity that have to do with human behavior. "Individuals . . . . working independently of each other, each dealing with the material, methods and techniques of his own group, have each come by reason of the logic of their own material and experience to the same point of frustration. As from these various directions this point of frustration is reached, an acute need arises and a need which can be summed up in the question: What are the motivations of human conduct?"

Dr. Williams believes that it is from psychoanalytic investigation that such psychological knowledge of mental processes as we have has come and he believes we are only at the beginning.

It seems that public health nursing like sociology, law, social work, economics, politics, etc., is aware of its need and will be increasingly able to make use of the material which psychoanalytic research is making available.

HELP IN THE PROBLEMS OF RELATIONSHIP

As a beginning, this problem of relationship is one on which psychoanalysis has thrown more light than has come from any other source. It gives invaluable leads to all workers with people. Because of the fact that the nurse is often called by those who expect to pay for care and do not wish any other service and because her rhythm is swift and her range extensive, she operates on a different level from that of the social worker, who in turn has a level different from that of the psychoanalyst. Nevertheless, the basic facts of relationship are the same and she, no less than the other groups, needs to be aware of these basic facts of relationship and increasingly sensitive not only to necessary limitations but to her opportunities as well.

In her book called "A Changing Psychology in Social Case Work", Virginia P. Robinson of the Pennsylvania School of Social and Health Work, discusses relationship in a chapter which should be familiar to everyone who is working professionally with people. She says, "From birth on, we see the psychological development of personality, of impulses, drives, attitudes, traits, going forward in relationship situations to mother, father, sister, brother, to teacher, friend, lover, child. When we know enough we can read the individual's rhythm of growth in his relationships. . . . . There is another equally valid and perhaps more helpful way of conceiving of the individual's career as an effort to realize his growth possibilities through relationship as the environing medium . . . . The natural impulses of the growing organism, animal or human, carry it out of its old familiar confining environment to seek new experiences in strange contacts. These impulses are never merely the effort to repeat the original experience . . . this movement . . . . is never simply backwards except in cases of profound illness. The process is a cycle without a beginning or end, ... "

For the public health nurse, working as she is with a cross section of the community representing all degrees of adjustment from very good to very bad, with the majority being average in adjustment like herself and her friends, the concept which Miss Robinson gives of "conceiving of the individual's career as an effort to realize his growth pos-

sibilities through relationship" seems a very helpful one. With this concept to sustain her, she may be more able to accept the fact that any given individual may need to work out his problem by separation rather than union at the time of her contact and it may also help her to be more sensitive in noting what his pattern of relationship at the present time seems to be: with whom he has relationships and what he gains from them. More than this, it is helpful to the worker in understanding herself.

Another point from the psychoanalytic field, stressed by Miss Robinson, is the necessity for being able to identify ourselves with the patient without the help which knowing his past history gives us. She suggests obtaining "as full and complete knowledge as possible of the present situation, of each individual in his relationships with all the elements in his environment which have emotional significance for him."

The public health nurse feels her kinship with the social caseworker and has welcomed the increased understanding which comes to her from the caseworker's history of a family in which both are interested. When emphasis was so largely on understanding the client *through his past*, the public health nurse did not feel that her knowledge of the present situation had value or that it was worth while to develop ability to observe and interpret what she saw in order to do more effective teaching. Now, however, that the emphasis has swung the other way she is aware of great possibilities for increased usefulness through her increased sensitiveness to the implications of the *present* situation. Miss Robinson raises the question of whether, without the experience of the older method and approach, a worker can hope to identify herself with a "variety of personality patterns." It seems possible that the nurse has two aids to this end which are peculiarly her own. One is the fact that she works to a large extent with the so-called "normal" family with which it is easier to identify herself because it suggests her own family, and the second is the chance she has to see personality in the making by observing infants from birth through school age. Here is history in the making, and intelligent interest in the baby's "pattern of relationship" as it develops should increase her ability to view an adult's behavior with some objectivity, even though she has not been a witness of that particular individual's development and only knows that cause and effect have been inexorably at work in this field as in all others.

As the nurse grows in her understanding of herself and of the "other" it seems that a slight modification of her need for activity and quick results take place without noticeably changing her characteristic, unique approach and rhythm. She seems to have less need to be authoritative and becomes increasingly able to respect the right of the other person to make his own decisions, recognizing in his power of self-direction one of his greatest assets both from the point of view of himself and of the community.

Revision of N.O.P.H.N. Record Forms

In revising these records an effort has been made to make them simpler, more suited to the demands of the field at the present time, more flexible and better adapted to both public and private agencies. No record system is perfect, no system can be universally appropriate. We believe, however, that these records include items which, if used by the worker, would represent the essence of a good public health nursing job.

IN 1925 the Records Committee of the N.O.P.H.N. drafted a set of nursing record forms so designed that the nurse might work with the family as a unit. The forms were put out with the understanding that they would be revised from time to time to meet the changing needs of the public health nursing field.

These forms have just been revised as a joint project of the American Public Health Association's Sub-committee on Records and the N.O.P.H.N. Records Committee. As the forms are to be included as part of the standard forms for public health work to be recommended by the A.P.H.A. Sub-committee on Records, the terminology and general set-up of the records conform to those of the other forms for reporting health work.

The plan of the 1925 Record System has not been changed in this revision; the record forms are again planned to enable the nurse to work with the family as a unit, and, in most instances, they are to be used with the family folder. However, individual records are so designed that it is not necessary to use the family folder and any record may be used by itself.

The significant features of the record forms are:

Provision for a definite content of visit by listing the conditions which must be watched in making an effective visit.

Provision for the minimum amount of writing by the nurse, by listing on the forms the items which may be checked, or by using a code (suggested on the record) to give the desired information.

Provision for entering on certain forms, summaries of conditions found and care given, either when the case is closed, or periodically, if patient is under care for a long time.

The Record System includes the following forms—an asterisk indicates those which have not been changed in this revision:

- Index Card*
- Family Folder
- Maternity Service
  - Maternity Record — AP—Del—PP—NB (double form)
  - Maternity Record (Prenatal Service)
- Morbidity Service
  - Morbidity Record
  - Continuation—Morbidity Record of Care*
  - Tuberculosis Record
  - Tuberculosis—Record of Visit (double form)
- Health Supervision Service
  - Child Health Supervision—Infant—Preschool (double form)
  - Medical Conference Record*
- Extra Data*
- Nurse's Daily Report*
- School Service
  - School Health Record
  - School Nurse's Record of follow-up
  - Nurse's School Report*

The following is a brief description of the various forms and of the revisions made:

INDEX CARD

This is an individual identification card which is used to determine whether the individual is or has been under care.

THE FAMILY FOLDER

This form is designed to give a complete record of the family. The face of the form provides spaces for entering facts about the social history and the environment of the family. Certain items which are considered necessary only under special conditions are starred to indicate that information regarding these need not be entered for every case.

The inside of the folder provides space for a summary of services given to individuals in the family.

It is recommended that a family folder be used for health supervision and when any social or economic problem is indicated. It may or may not be used when there is no social or economic problem.

The only revision on this form is the addition of certain items particularly applicable to rural areas.

MATERNITY SERVICE

The *Maternity Record—AP—Del—PP—NB* is designed for use during the complete maternity period. Space is provided for entries during prenatal and postpartum care and for facts relating to delivery. Space is also provided for entries on care of the newborn infant during the postpartum care of the mother.

The principal revision in this form is the rearrangement of conditions to be watched for in making an effective visit. Some few new items have been added.

The *Maternity (Prenatal Service)* is a new single form designed for agencies, especially Health Departments, which are interested primarily in prenatal care.

The set-up of this record is the same as that of the maternity record for complete care.

MORBIDITY SERVICE

The *Morbidity Record* is to be used for care of illness, non-communicable and communicable other than tuberculosis. If used for communicable disease, information required by health departments may be entered under remarks.

The *Continuation-Morbidity* is the same as the reverse side of the *Morbidity Record.*

The principal change in these two forms is the provision of definite space for entries under "Physician's Orders."

The form *Record of Care* sometimes known as "bedside notes" is to be left in the home and is used by all who are caring for the patient.

The *Tuberculosis Record* is intended for use in all diagnosed cases. It may also be used for suspicious or undiagnosed adult cases. Such cases should be flagged or otherwise specially marked. Contacts and predisposed cases among children should be recorded on the special health record forms for their age groups, these records also being specially marked.

This form is planned to provide entries throughout the period of illness. Space is allowed on the reverse side for periodic summaries. Yearly summaries are recommended but the interval between summaries will vary according to the type of case carried.

The *Tuberculosis Record of Visit* is to be used with the *Tuberculosis Record* and is a double form. The conditions which are to be watched in making an effective visit are listed and space is provided for supplementary notes on conditions, instructions and care given, and for physician's orders. The principal revision in these two forms is the provision for entries on information in relation to family and household contacts.

HEALTH SUPERVISION SERVICE

The form *Child Health Supervision—Infant—Preschool* is designed to be used for the health supervision of both infants and children of preschool age. Three forms, *Child Health Supervision Record, Child Health Supervision—Infant—Record of Visits,* and *Child Health Supervision—Preschool—Record of Visits,* have been combined in one double form. The periodic summary which was on the *Child Health Supervision Record* has been discontinued, as it was found to have little value in actual practice.

The first sheet of the new form provides space for identification data, disease experience and for immunization and tests. Conditions to be noted in making an adequate visit are listed on sheets 2 and 3. The items listed include those applicable to the care of both infants and preschool children. Space for physician's orders is provided on sheet 4. This form may be used either for visits in the home or for visits to a health conference.

The *Medical Conference Record* is

for use of physicians at medical conferences. It is expected that a new form will be drafted soon by the A.P.H.A. Sub-committee on Records.

NURSE'S DAILY REPORT SHEET

This is planned to give a picture of the nurse's day and also to serve as a basis for making up the monthly and annual reports on staff activities. A revised draft is now being worked on by the two record committees.

SCHOOL NURSING SERVICE

The two forms *School Health Record* and *Nurse's School Record of Follow-up* take the place of the form on *School Health Record*. The revised *School Health Record* is designed to give a picture of the health of a school child over a period of years and a summary of the school nursing service in relation to the child. It is expected that this form will follow the child from school to school.

The *School Nurse's Follow-up* is designed for entries by the school nurse of her services in relation to the school child and for entries of facts regarding the health of the child during the period of a school year. It is intended that at least a yearly summary of this information will be made on the *School Health Record*. The *School Nurse's Follow-up* may then be destroyed.

The *Nurse's School Report Sheet* is designed to give a picture of the school nurse's day and also to serve as a basis for making up monthly and annual reports on the nurse's activities in connection with schools. It is planned to revise this form at some later date.

GENERAL COMMENTS

The record forms just described are published in printed form although they are not copyrighted. It is hoped that agencies in planning their own forms will follow the same general plan as the published ones so that public health nursing records throughout the country will tend to be uniform.

The printed record forms, except for the *Family Folder* and *Index Card*, are on 5 x 8 bond paper. The index card is a light weight 3 x 5 card. The *Family Folder* is an 8 x 10 very tough manila folder which folds as a 5 x 8 container in which all the individual case records of the family may be kept.

The forms are available from Mead & Wheeler Co., 610 South Michigan Avenue, Chicago, Illinois. The price list and a sample set will be sent directly by them to anyone on request.

UNUSUAL HEALTH HAZARDS

Recently samples of a water softener, colored blue, were distributed in a residential section of a city. A baby, nineteen months old, playing on the porch of a house, found one of the samples and, childlike, swallowed the material. He became nauseated, a physician was called and in a few hours the child was well again. House to house distributors should be instructed that samples of a chemical nature should be passed personally to adults and not thrown carelessly on doorsteps. Some cities have ordinances to this effect but frequently the local laws are not observed. It should not require a fatality to secure the enactment and enforcement of such ordinances.

Narcissus bulbs contain a substance which is very poisonous. When such plants are discarded the bulbs should be burned or disposed of in such a manner that they cannot be mistaken for an edible vegetable.

Rhubarb is on the market. Rhubarb leaves contain a considerable amount of oxalic acid. Only the stalks should be used for food.

—*New York State News Service.*

Public Health Nursing in Jugoslavia*

I

THE CENTER FOR PUBLIC HEALTH NURSING IN ZAGREB, JUGOSLAVIA

ABOUT three years ago, early in the summer of 1930, the Zagreb Institute of Hygiene undertook to establish generalized public health nursing in the city of Zagreb, with the definite aim of making a demonstration for the municipality, which would eventually take it over. To date this aim has not been realized, not because the work has failed, for more has been accomplished under difficult circumstances than was anticipated, but certain alterations in the municipal organization have been temporarily delayed.

Until the central office for public health nursing was opened, only specialized nursing was done in the city by workers from the infant welfare clinics and tuberculosis dispensaries. Although the school polyclinics were proceeding with the health examinations of children in an excellent fashion, the children were never visited in their homes and prenatal work had not been started. Under the generalized organization all of these services were coördinated and the prenatal work, in coöperation with the midwives, begun. Infants and preschool children in boarding homes were supervised and the sick poor, in the families under surveillance, given care.

ADMINISTRATION

The central office, quartered in a small apartment, provided desk and filing space for the staff nurses, as well as a dressing room, and an office for the administrative and supervising nurse. This office was fairly centrally located, within easy access to the different dispensaries, car and bus lines.

Zagreb is a city of about 180,000 population and in the beginning it was divided off roughly to provide eight staff nurses with a district of 10,000 inhabitants each. Another nurse was occupied entirely with the office and administrative duties and the supervisor was more than occupied in advising with an inexperienced staff and looking after emergency visits. Re-districting and redistribution of nurses became necessary with the increased work and to make a better teaching field for the student nurses who come from the Zagreb School for Public Health Nurses for two months' experience. The present arrangement is far from satisfactory, but six districts are still maintained as demonstration areas (two very carefully organized) while the remaining territory is covered to meet the demands of the coöperating institutions.

A record system was carefully planned, consisting of different colored cards for various services which fit into stiff family envelopes for filing. A system of announcements and liaison cards

*We are indebted to Hazel A. Goff, Temporary Member of the Health Section of the League of Nations, for securing this series of articles for us.

was established to keep us in touch with the various institutions desiring our services and has proved satisfactory.

For various reasons it was deemed wise to divide the nurses' eight-hour working day so that half is spent in the clinic or dispensary to which she is assigned, while the other four hours are devoted to home visiting. While fully realizing the inadequacies of this method, it was considered the most feasible under the circumstances.

From the start we received much encouragement, for not only did the original services coöperate better than expected, but the anti-alcoholic dispensary, the mental hygiene clinic, and other public health institutions requested that home visits be made by our staff. Finally in the winter of 1931 the Municipal Welfare Department joined forces with us. This was a veritable "gift from the gods" during the past winter when the economic conditions were so bad. It was a great satisfaction to have the most needy of our families provided with fuel, food or clothing on our recommendations. In exchange we cared for their cases of illness which were the real cause of poverty among their families.

SATISFYING RESULTS

Considering the usual difficulties expected in a new organization, plus those of dealing with inexperienced workers on practically a half-time basis, with antagonistic institutions, with lack of adequate funds, we feel that this new idea, promoted by women, in essentially a "man's world," has had reasonable success. Our reports show that in 1931, 9,000 home visits were made to 2,020 families of which nearly half were visits to tuberculosis patients, 2,717 infant welfare, 434 school, 578 preschool, 255 prenatal and 31 sick poor *cases* accounted for the remainder of the visits.

One notices at once that the preponderance of the work is with tuberculosis patients. It has developed the most rapidly and to many of us it is the most interesting. All infectious cases are isolated in a hospital or sanatorium, a separate room or at least a separate bed. Coughing and expectorating habits are strictly controlled and every member of the family is required to report to the dispensary every three months. To isolate 69 patients in either a hospital or a sanatorium in a country which possesses but six such institutions for tuberculosis cases in a population of 13,000,000 was no small accomplishment. In 301 or 50% of the families complete isolation technique was successfully accomplished. While this percentage may not seem large, in a country where the hygienic standards are so low this number was indeed gratifying.

OTHER TYPES OF SERVICE

About 76% of our prenatal cases were so satisfactorily instructed that a safe and clean confinement at home was accomplished. Here we must mention that the coöperation of the midwives is increasing daily.

If we had a sufficient number of nurses, the infant welfare work would be ideal, as the mothers are most anxious to follow our instructions and attend the clinics weekly. In the better districts, 90% of the babies are breast fed and there are few cases of rickets. In 267 families proper infant care was attained.

Preschool children are not systematically visited, only the cases referred or found by the nurses. Most of them are under-nourished children, often with rickets or tuberculosis. Seventy-three were sent to summer camps or preventoria last year and several behavior cases are under our supervision.

Of the school children, only the emergency cases, as infectious disease, or children in boarding homes and tuberculous cases are followed up. About 50 have been placed in better homes or summer camps or provided with food.

Time has been too limited to do what we aspired to in class teaching. A few lectures only have been given to large groups of mothers on child welfare in one of the suburban infant welfare clinics and about 3,000 booklets distributed. In Zagreb we are fortunate in having an exceedingly well arranged

permanent hygiene exhibit, however, where groups of mothers are taken by the nurses and where they gain much more than any individual could express in a series of lectures, as it is graphically and pictorially illustrated.

MORE NURSES NEEDED

Our chief problem in the work is lack of staff. With 20 nurses we could answer reasonably well the more flagrant needs of the city, but at the moment we have so many more demands than we can possibly meet, that we are always "on the run" and have neither time nor energy left to improve the quality of our work. A second worry is the lack of coöperation from certain of the municipal institutions which are under very conservative direction. Generalized work can only be of a high grade when all public health institutions and their officers pool their facilities and interests for the benefit of the "family" that it may be conserved and rehabilitated. Finances are no longer a problem because there are no longer funds to be attained. We realize we are in the same state as all other health institutions in regard to this point and trust that time will bring a solution, meantime we are as careful of what we have as is humanly possible.

Our great joy and satisfaction is the welcome we receive in the homes and in spite of the pitifully low economic level of most of our families we succeed in teaching them much and rarely is a case discharged because of failure to coöperate. This furnishes us courage to struggle on.

(MRS.) LUJZA WAGNER-JANOVIC.

Mrs. Wagner-Janovic is the supervisor in charge of this public health nursing organization and is virtually responsible for its foundation and administration. Mrs. Janovic graduated from the Zagreb School for Public Health Nurses in 1927, after which she visited many public health centers in the United States and completed the course for public health nurses at the University of Toronto. Her aims and ambitions for public health in her own country are being rapidly realized in the development of the work she describes above.

II

THE QUEEN'S NURSES IN JUGOSLAVIA

To promote interest in public health work in Jugoslavia in April, 1930, Her Majesty, Queen Marie, formed a committee, with herself as chairman, for the purpose of providing nursing care to patients in their homes at a moderate cost, or even if necessary free of charge. The members of the committee are Miss Mirka Grujitch and Mrs. Ella Hadjitch, both ladies in waiting to the Queen, Dr. Manja Vaitch and Dr. Zdravkovitch, representatives from the Ministry of Health, and Miss Ruzica Hellich, then directress of the Belgrade School for Nurses.

To provide the service, a special fund was formed and the nurses chosen to do the work were selected from those who had benefitted by the Queen's scholarships during their course of training. The service bears the Queen's name and is under her patronage. This was considered to be an advantage because:

The public was deeply impressed by the motherly interest shown by Her Majesty, the Queen, for her people.

The nursing profession gained prestige by the direct support and protection of Her Majesty, the Queen.

The nursing profession is now regarded more as a humanitarian and welfare profession.

PLAN OF WORK

It was planned to establish this special nursing service first in Belgrade and later in Zagreb, Nish and Sarajevo. Two graduate nurses were appointed in the beginning to organize the work, shortly after, a third was found necessary and a year later a fourth was appointed. At present there is need for more workers but extension of all such activities is hampered by the financial situation.

These nurses visit homes only on the request of the physicians under whom they give nursing care, advise the family or direct the nursing care given by relatives. The patient is charged according to his means; in poor homes the care is given free. A special fund is

Queen's Nurses, Belgrade, Jugoslavia

formed from the money received and is used for the extension of work among the poor, for layettes or sick room supplies.

The nurses are paid by the Queen and receive the same salary as nurses in Government service, are in fact, considered as State employees and so are entitled to the regular pension after a certain length of service.

A special uniform is worn by the Queen's nurses. This consists of a light green cotton dress in the summer and a grey alpaca in the winter worn with white collars and cuffs. Grey coats, capes and hats are provided bearing a special badge. While doing actual nursing work a white overall is worn in the homes.

During the period April, 1930, to December, 1932, a total of 6,300 visits were made by the nurses with a total of 400 days and 500 nights on duty as well. This service has been attached to the Belgrade School for Nurses where all members of the staff live and from which the work is directed. It has proved to be a service highly appreciated by both the patients and the physicians.

RUZICA HELLICH.

Miss Hellich was for several years assistant to Miss Enid Newton, who organized the Belgrade School for Nurses, later taking over the direction which she maintained until about a year ago.

Rural public health nursing in Jugoslavia will be described in our June number

A "Design for Living"

By MABEL F. THOMPSON

"NOT necessarily a prosperous year—but a pleasant one," was the New Year's greeting I heard not so many weeks ago. "For," the speaker continued, "we've learned a lot these past three years and among other things, that it isn't necessary to have a great deal of money to be happy and contented."

It is hardly necessary to comment on the changes that have occurred during the last few years. Incomes have been reduced by pay cuts, omitted dividends and unemployment, and at the same time, in many cases, obligations have been increased. All of this has made it more imperative than ever that we look carefully to our personal finances; that we "set our house in order," and make whatever readjustments may be necessary. Accordingly, more thought is being given to questions of finance and to the distribution of the income so as to get the largest possible return for the money spent.

Someone has said that money is a means, not an end. And it is true that we are not concerned with money as so much gold or silver; not as an end in itself, but rather as a means of deriving the greatest good and pleasure and of securing those comforts and luxuries, many of which we have come to look upon as necessities. The only use of money—the only excuse perhaps for working hard for *more* money—is that we may exchange it for the things that money will give, and use it to help make life more worth while both for us and for society as a whole.

True, there are many things that make life worth living that do not depend upon money; but in a more material sense, many of the things that contribute to pleasant living cost money. An attractive home, a place in the country to which one can escape, books, theatre, music, good food, good looking clothes, a car, the longer-than-usual vacation, the occasional trip to Europe—how can any of these things be secured without money? The proverbial fairy godmother or the rich uncle from Australia does not often materialize. On the contrary, these things that play such a large part in making living pleasant are usually obtained only by those who are willing to work for them and to plan for them, and such planning presupposes a definite program and an intelligent use of money. The hit or miss method of handling the income never gets us anywhere—to which, no doubt, many men and women who have tried it can testify. Those who still adhere to such a system, or lack of system, are constantly "robbing Peter to pay Paul" and taking money out of one pocket only to put it into another to spend. It is the haphazard spenders who are heard lamenting, "Where has my money gone?" and "I never seem to have any money!"

BALANCE THE BUDGET

Constant worrying over money certainly is not contributing to the things that make life pleasant or worthwhile. But the woman who has decided what part of her income can be spent for clothes and has planned her wardrobe with that thought in mind, has fewer of these perplexities. "I never worry about what I spend on clothes these days," a young business woman said to me not long ago, "for during the last three years I've had a clothing budget. I buy good things, but I spend less than I would without a budget for I now plan my whole wardrobe and buy more carefully—and I am much better dressed! My clothing allowance is a very important part of my general budget, and I can't tell you how much satisfaction it gives me." Likewise, with other items of expenditure, she has found that planning has its reward in better values and greater satisfaction.

It is no less important for the individual than for the country that the

budget should be balanced if one is to be free from money worries. No matter what the income is or what problems it may bring, there remains always the necessity of maintaining a balance between income and expenditures, of seeing to it that we spend less than we earn. Not only must we take into consideration the things we may need in the present, but under existing social conditions, we must of necessity consider the future and provide for such contingencies as sickness, unemployment, and old age. And so, in the wise use of the income, in the well-balanced budget, there is some provision for future as well as for present needs and desires.

We must be honest, too, in separating the desires from the needs. It may be difficult to forego something we want very badly, but that our budget warns us is unwarranted. It may seem rather silly not to buy that new hat that is so becoming even though we don't need it, yet how often such a hat has called for a new dress or a new coat—to say nothing of accessories—until almost before we know it, we have spent much more on a spring wardrobe than we meant to. It is such things as these—as well as the unexpected dental bill and the unusual and unexpected "emergencies" — that always have and probably always will help to throw the best of budgets out of balance. A careful consideration of the entire situation, however, with an honest recognition of the difference between the things we want and the things we need, a setting down in black and white of the uses to which we are going to put the income with the amount to be allowed for each, and when possible a setting aside of some part for those unexpected "emergencies," will mean more intelligent spending, less worry, and a balanced budget.

ITEMS TO BE CONSIDERED

What are the items, then, that should be considered? Generally speaking they may be divided as follows: Living Expenses, Clothing, Personal Operating Expenses (hairdresser, toilet articles, taxis, carfares, etc.), Advancement (including such items as education, recreation, church, charity, gifts, professional dues, etc.), and Savings.

After deciding upon the divisions of the budget, the next step is to decide upon the amount to be allowed for each item. This again is a personal problem and one that can be answered satisfactorily only by each individual as she is the person most concerned. No one else knows what she wants in return for her money. No one knows what in her mind constitutes the things most worth while. No one else knows her needs or her responsibilities. Consequently, no ready-made budget, however practical it may be, will exactly meet her needs. At best it can only suggest, or serve as a guide to her in working out her own plan.

Perhaps, though, we may be permitted to suggest the following very general division of income for a single person with an income of from $1,500 to $3,000 per year. In the lower income groups, the greater part, of course, must be used for actual living expenses. But as the income increases, the percentage allowed for Living Expenses decreases, while the percentage for Advancement and Savings increases.

$1,500	*$3,000*	
10%	to 20%	for Savings
60%	to 45%	for Living Expenses
15%	to 17%	for Clothing
7%	to 8%	for Personal Operating
8%	to 10%	for Advancement
100%	100%	

These percentages, however, may not be of much help to the public health nurse. In making up her budget, she probably should allow at the outset approximately $50 a year for uniforms (unless they are provided by the organization), and at least another $10 for dues to professional organizations. These two items mean a setting aside of $5 per month for these fixed expenses. Other items of the clothing budget will depend largely upon the way she lives and upon her social life. The manner of living also determines the amount allowed for Living Expenses. A nurse in an institutional position has little or no expense for living. Does the public health nurse live alone or does she share

an apartment with a friend or friends? Or is she at home and perhaps bearing heavy responsibilities for maintaining that home?

The amounts allowed for Personal Operating and Advancement will vary also just as the needs and temperaments of individuals vary.

RECORDS AGAIN, THIS TIME PERSONAL

Perhaps the public health nurse who is honestly interested in putting her personal finances on a businesslike basis will keep a record of what she is spending. This need not be an elaborate record, but simply a setting down each day of the principal items of expenditure. Any small note book in one's purse or desk will answer the purpose. Instead of the old "Cash Account," divide a page into columns with the headings—Savings, Living Expenses, Food, Clothing, Personal Operating, Advancement, etc., and enter the expenditure at once under the proper heading. By adding the columns each week, or each month, you will know what has been spent during a given period for each item. Such a record as this will show where the "leaks" are and will be of the greatest assistance in planning future expenditures and making out a workable budget. Nor should one be discouraged because of the changes that must frequently be made in the budget. Life is full of adjustments, and accordingly a change in spending plans should not be too bothersome.

A RESERVE FUND

In working out the budget, one item, surely, should not be overlooked: that of Savings. This should include a savings account—perhaps two of them—one for taking care of those emergencies that may be just around the corner, the other a reserve fund to which to keep adding. The suggestion has been made that each person attempt to build up through the years such a reserve fund to an amount equal to from six to twelve months' salary. In addition to the savings account, the savings program might well include some form of insurance. The person who has dependents would be most interested in the matter of protection and so would want an ordinary life policy; while the person who has no dependents, but who wants to assure herself of an income later in life, say at age 55 or 60, probably would prefer one of the attractive life income or retirement annuity policies now being offered.

Whatever we may include in our financial program, however, is after all up to each one of us. But in planning it, it may not be amiss to remind ourselves of David Starr Jordan's definition of Thrift:

"Thrift is a determination to live with a margin for future advancement; to earn a little more than one spends or to spend a little less than one earns, getting meanwhile the value in strength, in satisfaction, or in other worthy return for the money one feels free to spend. The spirit of thrift is opposed to waste on the one hand and to recklessness on the other. It does not involve stinginess, which is an abuse of thrift, nor does it require that each item of savings should be a financial investment. The money that is spent in the education of oneself or of one's family, in travel, in music, in art, or in helpfulness to others, if it brings real returns in personal development or in a better understanding of the world we live in, is in accordance with the spirit of thrift."

Like any other design for living we may have, our financial program is a very personal matter. It reflects our standards of living, our tastes, our temperament, our desire to live happily. I believe it was Ernest Elmo Calkins who said, "We are willing to work to earn money, but the only use of money is to make life worth while, and if it doesn't succeed in doing that, who is better off?"

And so as a budget helps us to keep a balance between income and expenditure, as it means a wiser use of money with greater freedom from money worries, it contributes in some small way to pleasant living.

Salaries of Public Health Nurses

By LOUISE M. TATTERSHALL
Statistician, National Organization for Public Health Nursing

THE report on salaries paid to 6,861 public health nurses on January 31, 1933, is the basis for this year's study of salaries made by the National Organization for Public Health Nursing. These nurses are employed by a total of 349 agencies (93 health departments, 120 boards of education, and 136 public health nursing associations). All the agencies employ two or more nurses with the exception of 22 boards of education employing one nurse each. Twelve agencies, 6 health departments, and 6 public health nursing associations serve counties or groups of townships. All the other agencies serve the community in which they are located. The 6,861 nurses whose salaries are included in this report represent approximately 60 per cent of the total number of nurses in the United States employed in agencies having two or more nurses.

The question naturally arises: How representative are these salaries for the year 1933? Of the total 349 agencies sending information, 297 or 85 per cent state that further cuts are not contemplated during 1933. Five health departments and 10 public health nursing associations report salary cuts to go into effect after January 31, 1933. In addition, 16 health departments, 6 public health nursing associations, and 15 boards of education state that plans have been made to cut salaries later in 1933, if it is found necessary, to meet the probable decrease in budgets. To see if the change in salaries in the 15 agencies planning to lower their scale would affect all median salaries for January 31, 1933, the median salaries were computed using the lower salaries to go into effect at a later date. In no instance was there any difference in the median salaries, computed in the two sets of figures. It would seem reasonable to conclude, therefore, that the salaries given in this report are those which are to be paid during 1933.

HEALTH DEPARTMENTS AND PUBLIC HEALTH NURSING ASSOCIATIONS

Tables published in this report give the monthly salaries, tabulated to the nearest $5.00, paid to nurses holding various positions and the number receiving the salary in agencies employing two or more nurses in cities of varying size.

Table 1 gives the median monthly salaries paid to directors, supervisors (special supervisors included) and field nurses in agencies located in cities of certain population and in agencies employing a certain number of nurses.

As information is available in the N.O.P.H.N. as to the salaries of public health nurses from 1925 to 1933, with the exception of 1931, it is interesting to see how present salaries compare with those of other years. The year 1930 (Table 2) marks the highest point in the salaries of public health nurses. In 1932 salaries began to decline and this decrease in salaries has continued for 1933. The median monthly salaries for 1933 are practically the same as those for 1925, with the exception of the median monthly salaries of directors, which are lower in 1933 than in 1925.

Not all agencies, so far, have found it necessary to make cuts in salaries. Thirteen health departments and 25 public health nursing associations state that at the time of making the report no cuts have been made in salaries. Of the 80 health departments and 111 public health nursing associations which have cut salaries, 52 health departments and 70 public health nursing associations report but one cut either during 1932 or January 1, 1933. The remaining 28 health departments or 35 per cent of the agencies making cuts, and 41 public health nursing associations or 37 per cent of agencies making cuts, have found it necessary to make cuts both

in 1932 and in January, 1933. Of the total 190 health departments and public health nursing associations which gave their bases for salary cuts, 156 or 82 per cent made a straight percentage cut, the remaining 34 agencies or 18 per cent making cuts on the basis of a sliding scale.

While it is not possible to state exactly how much salaries have been cut, the total approximate per cents of monthly salary cuts in 186 agencies, health departments, and public health nursing associations, are as follows: A cut of 10 per cent or less in 90 or 49 per cent of the agencies reporting; cuts of 11 per cent to 20 per cent in 66 or 35 per cent of the agencies, and a cut of more than 20 per cent in 30 or 16 per cent of the agencies. Again, it must be remembered 38 agencies reporting have made no cuts.

TABLE 1. MEDIAN MONTHLY SALARIES PAID BY HEALTH DEPARTMENTS AND BY PUBLIC HEALTH NURSING ASSOCIATIONS, CLASSIFIED BY POSITION OF NURSE, POPULATION GROUP AND NUMBER OF NURSES EMPLOYED

January 31, 1933.

	Directors		Supervisors		Field Nurses	
	Health Depts.	P.H. N. Assns.	Health Depts.	P.H N. Assns.	Health Depts.	P.H. N. Assns.
All agencies	$190		$150		$125	
For group	$165	$200	$155	$150	$135	$120
Population group						
Places of						
1,000,000 or more	205*	†	165	175	140	145
500,000 to 1,000,000	190*	290	165	150	135	120
250,000 to 500,000	175	240	140	150	115	120
100,000 to 250,000	165	220	†	145	110	115
50,000 to 100,000	160	180	†	140	125	115
25,000 to 50,000	†	180	†	130*	125	115
Less than 25,000	†	†	†		110	115
Counties and Districts	200*	235*			125	125
Number of nurses employed						
50 or more	200	315	165	160	135	130
25 to 49	185	245	145	150	115	115
10 to 24	160	225	150	145	115	115
2 to 9	165	175**		135	120	115

*Based on less than 10 cases.

†Insufficient number of cases.

**Agencies 6 to 9 nurses: $190 month; 2 to 5 nurses: $160 month.

TABLE 2. COMPARISON OF MEDIAN MONTHLY SALARIES PAID DIRECTORS, SUPERVISORS, AND FIELD NURSES FOR 1933, 1932, 1930 and 1925.

January 31, 1933.

Year	All agencies			Health Department			P. H. Nursing Assn.		
	Dir.	Sup.	Field Nurse	Dir.	Sup.	Field Nurse	Dir.	Sup.	Field Nurse
1933	$190	$150	$125	$165	$155	$135	$200	$150	$120
1932	210	165	135	180	175	145	225	165	135
1930	225	170	140	190	190	165	250	165	115
1925	210	150	125	200	145	130	210	150	125

For detailed salary reports for this group see tables 5, 6, and 7.

SCHOOL NURSES

The report on the salaries of school nurses includes salaries paid by health departments and by boards of education to nurses giving full time to school nursing. Table 3 gives the salaries paid to supervising or chief nurses by boards of education only, as school nurses employed by health departments are under the supervising or chief nurse of the division of public health nursing.

The median yearly salaries of field nurses giving full time to school nursing employed by the health departments and boards of education are given in Table 4.

Information as to salaries paid school nurses is only available since 1928. The following figures giving the median yearly salaries of supervising or chief nurses

under boards of education and of school field nurses in different years, shows that the year 1930 marks the highest point in the salaries of school nurses as well as for other public health nurses, and that the median yearly salaries for 1933 are lower than those for 1928:

Year	Median Yearly Salary	
	Supervising or Chief Nurse (B. of E.)	School Field Nurse (B. H. and B. E.)
1933	$1,950	$1,540
1932	2,100	1,760
1930	2,280	1,800
1928	2,100	1,660

Thirty-two boards of education, of the 120 giving information, have not been obliged to make any cuts in salaries up to the present. Of the 80 agencies which give information as to the amount of the cut made, in 47 or 58 per cent of the agencies the cut is not more than 10 per cent.

TABLE 3. SALARIES PAID CHIEF OR SUPERVISING NURSE BY SELECTED BOARDS OF EDUCATION, CLASSIFIED BY NUMBER OF FULL TIME GRADUATE NURSES EMPLOYED FOR SCHOOL NURSING

January 31, 1933.

Yearly Salary	Total	Number receiving specified salary under boards of education with				
		50 or more nurses	25-49 nurses	10-24 nurses	6-9 nurses	2-5 nurses
Total	41	5	3	12	5	16
$3,660	1	1	....	....	....	....
3,340	1	....	....	1	....	....
3,200	1	....	....	....	1	....
3,100-3,199	1	1	....	....	....	....
3,000-3,099	1	1	....	....	....	....
2,800-2,899	1	....	....	1	....	....
2,600-2,699	1	1	....	....	....	....
2,500-2,599	3	....	1	2	....	....
2,300-2,399	1	1	....	....	....	....
2,200-2,299	4	....	1	1	....	2
2,100-2,199	2	....	....	1	....	1
2,000-2,099	2	....	....	1	1	....
1,900-1,999	2	....	....	1	....	1
1,800-1,899	5	....	1	1	....	3
1,700-1,799	4	....	....	....	....	4
1,600-1,699	3	....	....	....	1	2
1,500-1,599	3	....	....	1	....	2
1,400-1,499	4	....	....	2	1	1
1,000-1,099	1	....	....	....	1	....

TABLE 4. MEDIAN YEARLY SALARIES PAID BY BOARDS OF EDUCATION AND BY BOARDS OF HEALTH TO FIELD NURSES ENGAGED IN SCHOOL NURSING CLASSIFIED BY POPULATION GROUP

January 31, 1933.

Population group	Median Yearly Salary
All cities	$1,540
1,000,000 or more	1,590
500,000 to 1,000,000	1,880
250,000 to 500,000	1,440
100,000 to 250,000	1,430
50,000 to 100,000	1,560
25,000 to 50,000	1,490
Less than 25,000	1,630

For detailed salary reports on school nurses see table 8

TABLE 5. SALARIES PAID IN SELECTED PUBLIC HEALTH NURSING ASSOCIATIONS CLASSIFIED BY POPULATION GROUP AND BY NUMBER OF FULL-TIME GRADUATE NURSES EMPLOYED

January 31, 1933.

Salaries tabulated to nearest $5.00

Monthly salary groups	Total of all	Cities of 1,000,000 or more: No. receiving specified salary in associations with 50 or more nurses	25-49 nurses	Cities of 500,000 to 1,000,000: Total	50 or more nurses	25-49 nurses	10-24 nurses	Cities of 250,000 to 500,000: Total	50 or more nurses	25-49 nurses	10-24 nurses	2-9 nurses	Cities of 100,000 to 250,000: Total	50 or more nurses	25-49 nurses	10-24 nurses	2-9 nurses	Cities of 50,000 to 100,000: Total	25-49 nurses	10-24 nurses	2-9 nurses	Cities of 25,000 to 50,000: No. receiving specified salary in associations with 10-24 nurses	2-9 nurses	Cities of less than 25,000: No. receiving specified salary in associations with 2 to 9 nurses
1. Salaries Paid Directors																								
Total	121	3	1	8	5	2	1	15	2	8	2	3	30	3	4	19	4	41	2	8	31	3	15	5
$450	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
415	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
405	1	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....
400	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
390	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
355	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
350	1	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....
340	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
315	1	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
300	3	....	....	2	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
285	1	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	1	....	1	....	....	....	....
275	3	....	....	2	....	1	1	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....
270	2	....	....	....	....	....	....	1	1	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....
265	2	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	....	....	....	....	....	....	....
260	2	....	....	....	....	....	....	1	....	1	....	....	1	....	1	....	....	....	....	....	....	....	....	....
250	5	....	....	2	2	....	....	1	....	....	1	....	....	....	....	....	....	2	....	1	1	....	....	....
245	2	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	1	....	1	....	....	....	....
240	6	....	....	....	....	....	....	3	....	3	....	....	2	....	1	1	....	1	1	....	....	....	....	....
235	2	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	1	....	....	1	....	....	....
230	4	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	....	....	....	....	....	1	1
225	8	....	....	....	....	....	....	1	....	....	....	1	2	....	....	2	....	4	1	2	1	1	....	....
220	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....
215	2	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	1	....	....	1	....	....	....
210	3	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	2	....	1	1	....	....	....
205	3	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	1	1	....
200	11	....	....	....	....	....	....	4	....	2	1	1	2	....	....	2	....	3	....	....	3	....	2	....
195	2	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	1	....	1	....	....	....	....
190	5	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	2	1
185	2	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	1	....
180	3	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	....	3	....	....	....
175	6	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	1	1	....	....	1	....	2	2
170	4	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	2	....	....	2	....	....	....
165	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....
160	5	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	5	....	....	5	....	....	....
155	3	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	1	....	1	....	....	1	....

160	5	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
155	3	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	1	....	1	....	....	1	....	....	....	....	....	....	....
150	6	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	5	....	....	5	....	....	....	....	....	....	....	....	....
145	3	....	....	....	....	....	....	1	....	....	....	1	1	....	....	....	1	....	....	....	....	....	1	....	....	....	....	....	....	....
140	4	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	1	1	....	....	1	1	1	....	....	....	....	....	....	....
135	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
130	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1
125	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	....	....	....	....	....	....	....	....
120	3	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	1	....	....	....	....	....	....	....

2. Salaries Paid Assistant Directors

Total	30	3	....	6	4	2	....	8	1	6	1	....	12	3	3	6	....	1	....	1	....	....	....	....	....	....	....	....	....	....
300	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
265	1	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
240	3	....	....	2	1	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
235	3	2	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
225	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
215	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
200	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....
190	6	....	....	....	....	....	....	4	....	4	....	....	2	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
185	1	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
180	2	....	....	....	....	....	....	....	....	....	....	....	2	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
170	1	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
165	2	....	....	....	....	....	....	1	....	....	1	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
160	2	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....
155	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
150	2	....	....	....	....	....	....	....	....	....	....	....	2	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
130	1	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
120	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....

3. Salaries Paid Special Supervisors

Total	84	6	....	15	15	....	....	21	6	13	2	....	31	7	9	15	....	11	1	8	2	....	....	....	....	....	....	....	....	....
275	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
225	2	1	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
220	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
210	1	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
200	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
195	1	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
190	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
185	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....
180	5	....	....	....	....	....	....	1	....	1	....	....	4	....	4	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
175	3	....	....	2	2	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
170	3	....	....	1	1	....	....	2	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
165	3	....	....	....	....	....	....	1	1	....	....	....	2	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
160	6	....	....	4	4	....	....	1	1	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....
155	1	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
150	11	1	....	2	2	....	....	4	....	2	2	....	2	1	....	1	....	2	....	1	1	....	....	....	....	....	....	....	....	....
145	8	....	....	1	1	....	....	5	1	4	....	....	2	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....
140	9	....	....	1	1	....	....	1	1	....	....	....	4	....	1	3	....	3	....	3	....	....	....	....	....	....	....	....	....	....
135	5	....	....	1	1	....	....	....	....	....	....	....	4	3	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
130	5	....	....	....	....	....	....	....	....	....	....	....	2	....	1	1	....	3	....	3	....	....	....	....	....	....	....	....	....	....
125	7	....	....	3	3	....	....	2	....	2	....	....	1	....	....	1	....	1	....	1	....	....	....	....	....	....	....	....	....	....
120	4	1	....	....	....	....	....	2	....	2	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
115	4	....	....	....	....	....	....	1	....	1	....	....	3	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	....
100	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....

TABLE 5—Continued

Monthly salary	Total of all groups	Cities of 1,000,000 or more: No. receiving specified salary in associations with 50 or more nurses	Cities of 1,000,000 or more: No. receiving specified salary in associations with 25-49 nurses	Cities of 500,000 to 1,000,000: Total	Cities of 500,000 to 1,000,000: No. receiving specified salary in associations with 50 or more nurses	Cities of 500,000 to 1,000,000: No. receiving specified salary in associations with 25-49 nurses	Cities of 500,000 to 1,000,000: No. receiving specified salary in associations with 10-24 nurses	Cities of 250,000 to 500,000: Total	Cities of 250,000 to 500,000: No. receiving specified salary in associations with 50 or more nurses	Cities of 250,000 to 500,000: No. receiving specified salary in associations with 25-49 nurses	Cities of 250,000 to 500,000: No. receiving specified salary in associations with 10-24 nurses	Cities of 250,000 to 500,000: No. receiving specified salary in associations with 2-9 nurses	Cities of 100,000 to 250,000: Total	Cities of 100,000 to 250,000: No. receiving specified salary in associations with 50 or more nurses	Cities of 100,000 to 250,000: No. receiving specified salary in associations with 25-49 nurses	Cities of 100,000 to 250,000: No. receiving specified salary in associations with 10-24 nurses	Cities of 100,000 to 250,000: No. receiving specified salary in associations with 2-9 nurses	Cities of 50,000 to 100,000: Total	Cities of 50,000 to 100,000: No. receiving specified salary in associations with 25-49 nurses	Cities of 50,000 to 100,000: No. receiving specified salary in associations with 10-24 nurses	Cities of 50,000 to 100,000: No. receiving specified salary in associations with 2-9 nurses	Cities of 25,000 to 50,000: No. receiving specified salary in associations with 10-24 nurses	Cities of 25,000 to 50,000: No. receiving specified salary in associations with 2-9 nurses	Cities of less than 25,000: No. receiving specified salary in associations with 2 to 9 nurses
4. Salaries Paid Supervisors																							
Total	203	44	5	47	36	9	2	32	11	20	1	....	52	11	10	31	....	16	4	6	6	3	4	....
$240	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
200	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
190	13	11	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
185	4	3	1	....	....	....	....	....	....	....	....	....	2	1	1	....	....	....	....	....	....	....	....	....
180	4	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
175	12	10	....	2	2	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
170	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....
165	17	9	....	3	3	....	....	....	....	....	....	....	4	2	....	2	....	....	....	....	....	....	....	....
160	26	3	1	6	6	....	....	2	1	1	....	....	9	2	4	3	....	4	2	2	....	....	1	....
155	11	....	....	5	5	....	....	3	3	....	....	....	2	....	1	1	....	1	....	1	....	....	....	....
150	27	1	....	10	5	3	2	11	....	10	1	....	5	1	1	3	....	....	....	....	....	....	....	....
145	29	3	....	8	5	3	....	10	7	3	....	....	5	....	2	3	....	3	2	1	....	....	....	....
140	12	1	....	6	3	3	....	2	....	2	....	....	1	....	1	....	....	1	....	....	1	....	1	....
135	18	....	....	7	7	....	....	1	....	1	....	....	8	5	....	3	....	2	....	....	2	....	....	....
130	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....
125	10	....	....	....	....	....	....	2	....	2	....	....	6	....	....	6	....	2	....	1	1	....	....	....
120	4	....	....	....	....	....	....	....	....	....	....	....	3	....	....	3	....	1	....	....	1	....	....	....
115	4	....	....	....	....	....	....	....	....	....	....	....	3	....	....	3	....	1	....	....	1	....	....	....
110	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
105	1	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....
100	4	....	....	....	....	....	....	....	....	....	....	....	4	....	....	4	....	....	....	....	....	....	....	....
95	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....
5. Salaries Paid Field Nurses																								
Total	2350	433	69	485	397	68	20	374	97	226	34	17	589	108	142	323	16	281	52	82	147	30	77	12
$160	28	28	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
155	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	1	3	2
150	147	100	29	6	6	....	....	5	....	....	5	....	....	....	....	....	....	....	....	....	....	....	....	....
145	228	167	19	8	8	....	....	14	....	14	....	....	8	2	2	4	....	6	....	5	1	3	2	1
140	36	....	5	12	5	....	7	4	....	....	1	3	2	....	....	2	....	12	8	3	1	1	....	....
135	176	24	5	91	87	....	4	11	....	8	2	1	11	1	5	5	....	24	5	2	17	1	8	1
130	173	5	5	65	60	1	4	19	7	7	....	5	52	20	20	10	2	20	5	9	6	1	4	2
125	260	....	5	49	37	7	5	72	41	12	11	8	86	....	30	51	5	37	7	16	14	....	6	5
120	358	87	....	91	62	29	....	69	38	27	4	....	69	19	11	38	1	32	....	16	16	....	10	....
115	357	8	....	51	34	17	....	60	....	59	1	....	163	51	44	63	5	56	12	16	28	5	14	....
110	183	3	....	27	24	3	....	24	9	13	2	....	95	6	14	72	3	20	....	8	12	....	13	1
105	128	6	....	26	15	11	....	35	....	27	8	....	31	5	13	13	....	28	2	5	21	....	2	....
100	178	5	....	59	59	....	....	38	....	38	....	....	46	2	1	43	....	24	....	1	23	2	4	....
95	33	....	....	....	....	....	....	16	2	14	....	....	6	....	....	6	....	3	1	....	2	....	8	....
90	25	....	....	....	....	....	....	5	....	5	....	....	7	2	2	3	....	6	....	....	6	5	2	....
85	16	....	....	....	....	....	....	2	....	2	....	....	6	....	....	6	....	....	....	....	....	7	1	....
80	18	....	....	....	....	....	....	....	....	....	....	....	2	....	....	2	....	12	12	....	....	4	....	....
75	5	....	....	....	....	....	....	....	....	....	....	....	5	....	....	5	....	....	....	....	....	....	....	....

TABLE 6. SALARIES PAID BY HEALTH DEPARTMENTS AND PUBLIC HEALTH NURSING ASSOCIATIONS SERVING COUNTIES OR GROUPS OF TOWNSHIPS

January 31, 1933.

1. Salaries Paid Directors

Monthly salary	Health Departments: No. receiving specified salary in associations with			P. H. Nursing Associations: No. receiving specified salary in associations with
	Total	10-24 nurses	2-9 nurses	10-24 nurses
Total	6	3	3	5
335	....	....	....	1
280	....	....	....	1
250	1	1	....	....
235	....	....	....	1
225	2	1	1	1
200	....	....	....	1
190	1	1	....	....
185	1	....	1	....
150	1	....	1	....

2. Salaries Paid Field Nurses

Monthly salary	Health Departments: No. receiving specified salary in associations with			P. H. Nursing Associations: No. receiving specified salary in associations with		
	Total	10-24 nurses	2-9 nurses	Total	10-24 nurses	2-9 nurses
Total	40	21	19	43	38	5
$165	1	....	1	2	2	....
160	....	....	....	1	....	1
155	10	10	....	....	....	....
150	....	....	....	4	3	1
145	....	....	....	10	9	1
140	....	....	....	3	3	....
135	6	2	4	4	2	2
130	....	....	....	2	2	....
125	9	9	....	4	4	....
120	....	....	....	10	10	....
115	4	....	4	....	....	....
110	5	....	5	3	3	....
100	4	....	4	....	....	....
80	1	....	1	....	....	....

TABLE 7. SALARIES PAID IN SELECTED HEALTH DEPARTMENTS CLASSIFIED BY POPULATION GROUP AND NUMBER OF FULL-TIME GRADUATE NURSES EMPLOYED

January 31, 1933.

Salaries tabulated to nearest $5.00

Monthly salary	Total for all groups	Cities of 1,000,000 or more	Cities of 500,000 to 1,000,000			Cities of 250,000 to 500,000					Cities of 100,000 to 250,000				Cities of 50,000 to 100,000			Cities of 25,000 to 50,000			Cities of less than 25,000
		No. receiving specified salary in health departments with 50 or more nurses	No. receiving specified salary in health departments with			No. receiving specified salary in health departments with					No. receiving specified salary in health departments with				No. receiving specified salary in health departments with			No. receiving specified salary in health departments with			No. receiving specified salary in health departments with 2-9 nurses
			Total	50 or more nurses	25-49 nurses	Total	50 or more nurses	25-49 nurses	10-24 nurses	2-9 nurses	Total	25-49 nurses	10-24 nurses	2-9 nurses	Total	10-24 nurses	2-9 nurses	Total	10-24 nurses	2-9 nurses	
1. Salaries Paid Directors, Superintendents, Supervising or Chief Nurse of Division of Public Health Nursing																					
Total	59	6	7	6	1	13	2	5	5	1	15	4	5	6	12	3	9	6	1	5	....
$500	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
275	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
250	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
230	1	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....
225	4	....	1	1	....	....	....	....	....	....	2	2	....	....	....	....	....	1	1	....	....
210	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
205	2	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
200	2	....	....	....	....	2	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....
190	5	....	2	2	....	1	....	1	....	....	....	....	....	....	1	1	....	1	....	1	....
185	2	....	....	....	....	1	....	1	....	....	1	1	....	....	....	....	....	....	....	....	....
180	4	....	1	1	....	2	....	....	1	1	1	....	....	1	....	....	....	....	....	....	....
175	1	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
170	4	....	....	....	....	....	....	....	....	....	....	....	....	....	4	....	4	....	....	....	....
165	5	....	....	....	....	1	....	....	1	....	3	....	1	2	....	....	....	1	....	1	....
160	5	....	....	....	....	2	1	1	....	....	1	....	1	....	2	....	2	....	....	....	....
150	4	....	....	....	....	2	....	....	2	....	....	....	....	....	1	1	....	1	....	1	....
140	5	1	1	....	1	....	....	....	....	....	1	....	....	1	1	....	1	1	....	1	....
135	3	1	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	1	....	1	....
130	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
125	2	....	....	....	....	....	....	....	....	....	2	....	1	1	....	....	....	....	....	....	....
120	1	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
115	2	....	....	....	....	....	....	....	....	....	2	....	1	1	....	....	....	....	....	....	....
105	1	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....
95	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
2. Salaries Paid Special Supervisors																					
Total	99	63	14	14	....	12	....	3	9	....	5	5	....	....	5	5	....	....	....	....	....
$190	5	....	5	5	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
185	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....
180	39	39	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
175	5	4	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
170	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
160	2	1	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....
155	2	....	....	....	....	....	....	....	....	....	....	....	....	....	2	2	....	....	....	....	....
150	10	....	4	4	....	4	....	2	2	....	1	1	....	....	1	1	....	....	....	....	....
145	3	1	....	....	....	2	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....

140	2	....	....	....	....	1	....	....	1	....	1	1	....	....	....	....	....	....	....	....	....	....
135	1	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....
130	1	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
125	7	7	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
120	4	....	3	3	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
115	9	5	....	....	....	2	....	....	2	....	2	2	....	....	....	....	....	....	....	....	....	....
110	1	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
105	5	5	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
95	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....

3. Salaries Paid Supervisors

Total	92	52	30	30	....	9	....	6	3	....	....	....	....	....	....	....	....	....	1	1	....	....
$235	6	6	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....
200	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
190	4	....	4	4	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
185	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
175	6	....	6	6	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
165	15	9	5	5	....	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....
160	1	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
155	19	17	2	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
150	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
145	16	14	....	....	....	2	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....
140	8	6	....	....	....	2	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....
135	6	....	6	6	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
130	4	....	4	4	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
120	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
115	1	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
100	1	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....
75	1	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....

4. Salaries Paid Field Nurses

Total	2638	1224	570	527	43	366	102	161	90	13	254	129	84	41	145	46	99	68	10	58	11	
$200	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....
185	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....
175	43	....	43	43	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
165	367	306	60	60	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....
160	67	....	13	13	....	34	19	15	....	....	20	20	....	....	....	....	....	....	....	....	....	....
155	96	82	....	....	....	8	....	8	....	....	1	1	....	....	5	5	....	....	....	....	....	....
150	123	....	73	73	....	20	1	10	9	....	9	9	....	....	21	13	8	....	....	....	....	....
145	212	207	....	....	....	....	....	....	....	....	3	3	....	....	2	....	2	....	....	....	....	....
140	147	23	85	85	....	5	....	5	....	....	11	5	....	6	10	2	8	14	2	12	....	....
135	263	202	20	20	....	26	4	3	14	5	....	....	....	....	3	1	2	10	3	7	1	....
130	126	77	2	2	....	30	2	28	....	....	8	....	2	6	4	....	4	2	1	1	3	....
125	93	26	....	....	....	19	3	9	7	....	5	5	....	....	30	....	30	13	2	11	....	....
120	49	2	6	6	....	22	3	11	8	....	8	1	6	1	3	2	1	8	2	6	....	....
115	273	31	156	118	38	21	....	12	4	5	40	17	14	9	21	11	10	3	....	3	1	....
110	198	75	6	6	....	46	19	14	13	....	49	32	17	....	9	....	9	9	....	9	4	....
105	214	42	96	91	5	49	45	1	3	....	22	11	7	4	5	....	5	....	....	....	....	....
100	250	151	10	10	....	29	1	9	19	....	50	25	20	5	8	1	7	1	....	1	1	....
95	29	....	....	....	....	11	5	2	1	3	13	....	8	5	1	1	....	4	....	4	....	....
90	38	....	....	....	....	26	....	22	4	....	8	....	6	2	3	1	2	....	....	....	1	....
85	21	....	....	....	....	12	....	12	....	....	2	....	2	....	7	....	7	....	....	....	....	....
80	6	....	....	....	....	....	....	....	....	....	4	....	1	3	2	1	1	....	....	....	....	....
75	11	....	....	....	....	3	....	....	3	....	....	....	....	....	4	4	....	4	....	4	....	....
70	3	....	....	....	....	1	....	....	1	....	1	....	1	....	1	1	....	....	....	....	....	....
65	5	....	....	....	....	3	....	....	3	....	....	....	....	....	2	2	....	....	....	....	....	....
60	2	....	....	....	....	1	....	....	1	....	....	....	....	....	1	1	....	....	....	....	....	....

TABLE 8. SALARIES PAID FIELD NURSES ENGAGED IN SCHOOL NURSING BY SELECTED BOARDS OF EDUCATION AND BY SELECTED BOARDS OF HEALTH, CLASSIFIED BY POPULATION GROUP

January 31, 1933.

Number receiving specified salary under boards of health and boards of education in cities of

Yearly Salary	Total	1,000,000 or more			500,000 to 1,000,000			250,000 to 500,000			100,000 to 250,000			50,000 to 100,000			25,000 to 50,000			Less than 25,000
		Total	B.H.	B.E.	Total	B.H.	B.E.	Total	B.H.	B.E.	Total	B.H.	B.E.	Total	B.H.	B.E.	Total	B.H.	B.E.	B.E.
Total	1460	314	134	180	222	71	151	325	94	231	312	70	242	183	30	153	79	11	68	25
$3,140	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
2,900-2,999	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
2,800-2,899	2	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	1	....	1	....
2,700-2,799	2	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	1	....	1	....
2,600-2,699	2	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	1	....	1	....
2,500-2,599	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....
2,400-2,499	4	....	....	....	....	....	....	....	....	....	....	....	....	3	....	3	1	....	1	....
2,300-2,399	2	....	....	....	....	....	....	....	....	....	....	....	....	2	....	2	....	....	....	....
2,200-2,299	15	....	....	....	....	....	....	3	....	3	2	....	2	3	....	3	6	1	5	1
2,100-2,199	56	....	....	....	32	32	....	1	....	1	10	....	10	11	....	11	2	....	2	....
2,000-2,099	55	....	....	....	....	....	....	45	....	45	1	....	1	7	....	7	1	....	1	1
1,900-1,999	142	....	....	....	75	12	63	56	9	47	....	....	....	9	....	9	2	1	1	....
1,800-1,899	104	....	....	....	27	....	27	16	3	13	30	....	30	19	5	14	6	....	6	6
1,700-1,799	178	141	....	141	3	....	3	4	....	4	9	....	9	11	1	10	7	3	4	3
1,600-1,699	90	13	....	13	11	....	11	8	....	8	38	....	38	12	1	11	5	....	5	3
1,500-1,599	125	26	19	7	29	16	13	16	....	16	26	....	26	23	6	17	4	....	4	1
1,400-1,499	137	8	4	4	19	11	8	23	....	23	55	13	42	15	....	15	11	....	11	6
1,300-1,399	154	40	32	8	4	....	4	34	4	30	40	11	29	29	10	19	6	....	6	1
1,200-1,299	195	67	60	7	17	....	17	57	49	8	32	25	7	11	2	9	9	....	9	2
1,100-1,199	106	19	19	....	2	....	2	22	7	15	42	19	23	10	....	10	10	6	4	1
1,000-1,099	59	....	....	....	3	....	3	38	22	16	10	2	8	3	....	3	5	....	5	....
900- 999	12	....	....	....	....	....	....	2	....	2	7	....	7	3	2	1	....	....	....	....
800- 899	8	....	....	....	....	....	....	....	....	....	6	....	6	1	1	....	1	....	1	....
700- 799	9	....	....	....	....	....	....	....	....	....	4	....	4	5	2	3	....	....	....	....

See also table 3, page 291.

Whom Do We Serve and How?

By VIOLET H. HODGSON, R.N.
Assistant Director, National Organization for Public Health Nursing

THE individual and family, of course. There is no striking evidence to indicate the immediate abolition of the family as an institution in the changing social order. If anything, economic pressure has brought its members closer together—at least environmentally speaking. Why then raise a question to which the answer is so obvious? Why, indeed, unless the "obvious" answer fails to satisfy the concept of the family as a unit of service in public health nursing.

We speak loosely of services and cases and diseases—prenatal, postpartum, infant, preschool, school, industrial, bedside, orthopedic, acute communicable disease, tuberculosis, syphilis, and health supervision—and we render reports to the community on the basis of these or similar classifications. We also have a specific kind of procedure and technique in mind for each occasion. So intent are we sometimes on remedying a special situation that the family concept is in danger of being displaced by the individual "case." Why should this be, if the family *is* the unit of service? The truth of the matter probably is that the meaning of family health is not so clearly defined in our minds as the bath or formula demonstration. And for a very good reason. The latter procedures resolve themselves into definite steps, while family health is never the same in any two instances. Can we say in all honesty that no matter what the original purpose of our visit or contact is, our responsibility has always been the total health of the family, and that the visit or service classification has meant merely the occasion which precipitated the opportunity for service to that family? In other words, do we not agree that the goal is always the same, even though emphasis must be shifted as occasion demands?

To illustrate, let us analyze a prenatal visit in the home. Obviously, special attention will be given to the prevention of the hazards of maternity—to medical supervision, detection of abnormal physical signs, and arrangements for delivery. But what of other health problems that may have a distinct relationship, not only to the health of the prenatal patient, but to each individual, the family, and the community? Who can prove the relative importance to society of prenatal care as against attention to the grandmother with a chronic fibroid tuberculosis that is masquerading as a "chronic winter cough" or temper tantrums in the infant, or defective tonsils and adenoids in a malnourished preschool child that has not been immunized against diphtheria, or malnutrition in the adolescent school girl, or delinquency in the adolescent boy with a heart lesion? Moreover, who can say that good prenatal nursing has been done when the nurse has not surveyed the family situation in order to elicit each of these health and social problems which are lowering the efficiency of its members, individually and collectively? Must the nurse not accept the same responsibility for the solution of these health problems as she does for the prenatal service?

Sometimes one wonders if the mere emphasis on *kinds* of services has not delayed the actual realization of this broader concept of the public health nursing field. The correction of physical defects, immunization, a bath, or supervision of a well baby can never be regarded as more than the means whereby opportunity is afforded for serving the family. Indeed, the name under which the visit is actually classified, may describe the least important service rendered on that visit. Any technical service rendered, such as a bath, is not a true public health nursing visit unless it has included some health instruction

to the patient and family. Family health means more than special types of nursing visits, essential as these are in the bookkeeping of nursing agencies.

Perhaps another reason for the slow realization of this concept, lies in the unpreparedness of the nurse. Family health service demands public health nurses who are sensitive to the total needs of human beings, whether those needs are of the body, the mind, or the spirit. It has been said in the past that too much was expected of the public health nurse. Was it any more than she in turn expected of the family upon whom she placed the ultimate responsibility for carrying out her instructions? If the nurse of the past felt inadequate in serving all the health needs of the family, what must her reaction be to the demands of today! Never in the history of public health nursing has the need been more acute for the best that the profession affords. Never has there been so great a demand for the "art" as well as the "mechanics" of nursing. Bodies still need skilled nursing care. Mental attitudes call for a greater measure of understanding and skilled handling in bringing about healthy adjustments to tragic situations. Instruction in health and preventive measures challenges the nurse to greater teaching efficiency to secure results at a time when practically all of the material means of application are wanting. If it requires special ability to teach food values and to secure their adoption in the family dietary in good times, how much greater must be the nurse's ability to teach a measure of the same knowledge when the food allotment is below the subsistence level! But, more insistent even than these evident needs, are the personality demands of the individual who needs understanding and intelligent treatment beyond any degree heretofore recognized in public health nursing. Stripped of all the outward, material protection of civilized society—without a job, without money, dependent upon public relief for the minimum of food, clothing, and shelter—the "inner man" of the patient suddenly confronts the nurse with all its potentialities for the future, with all its weaknesses of the present. The very souls of people are bared and the nurse is expected to offer spiritual relief just as she brings physical comfort to the body. Is she equal to it? Is this, perhaps, her best chance to approach and serve the family?

We have seen that physical strength alone cannot cope with the problems of the changing economic world. Thus far, the human mind has not found a way out of our dilemma. But under it all, the nurse who is close to actual conditions, sees an unexpected stability and symptoms of hope for better times to come: the way in which people share, their appreciation—yes, even gratitude — for the meagre dole, their thoughtfulness for one another, their sense of humor under what seem like desperate circumstances — these are chastening experiences. Of course, there are appalling opposites — bitterness, despair, rebellion, selfishness, and cruelty stand out occasionally and complicate the nurse's relationship to the family. Every day and in almost every home the public health nurse faces these unprecedented problems. Where can she find the power to understand, guide, and re-direct these human forces to which she is so close, and that will, in the last analysis, share in determining the kind of society in which we shall live? Is her own understanding of society large enough to give perspective to the significance of rebellious tendencies? Is her knowledge of psychology and human behavior broad enough to meet such situations with calm and offer a sense of reassurance to the rebellious and despairing? Who is helping her to "carry on" in such a situation as this:

Here is a man who in prosperous times owned his own home with comfortable furnishings, possessed a satisfying business, and was giving his eight children the educational advantages open to a man of moderate means. He suddenly finds himself without a business, without a home. The nurse is the first to discover the situation and through her efforts $7 a week food

allowance and bits of clothing are contributed by relief agencies. Picture this family in a shelter (by no stretch of the imagination can it be called a home), with the few pieces of furniture assembled through the aid of social agencies, trying to care for an ill wife, and a child with heart disease, trying to send the children to school as long as shoes last. Imagine the real gratitude for the tangible services the nurse is able to render and the pathetic eagerness with which the nurse is invited to return. And then repeat this picture with countless variations no less than ten times a day for weeks and months. We can easily imagine what this service means to the family, but what is it doing to the nurse? Nothing short of her very soul must be put into work of this kind. This is the added nursing need of the *family* today. How can she meet it?

Shortsighted indeed would be the board and community whose sole concern is the unemployment relief problem. To disregard standards of quality in nursing service or to reduce salaries to a level where the means of spiritual and mental renewal are denied to the nurse, are the surest ways of betraying a community trust and of vitiating a service that has struggled to equip itself to meet the basic needs of society. Clear thinking and vision on the part of public health administrators were never more necessary in safeguarding for the family the kind of nursing care that is equal to the extra demands of today. Only calm thinking and planning and devotion to an ideal of service will insure to the community the kind of public health nursing service which is both a skill and an art, worthy of serving the intimate needs of human beings. Never in the history of public health nursing has the family called so loudly to be treated as a unit of service. Never has the public health nurse been more aware of this call or been more ready to give of herself. To all the other problems of the times must be added this fundamental need—the upholding of the nurse's morale. Without that, any kind of constructive service to the family and community is impossible. This is the challenge of the day.

THE FAITHFUL BLACKBOARD

Blackboards are used to good advantage in several of the Infant Welfare Stations of the Visiting Nurse Association in Portland, Oregon. One of the doctors conceived the idea of using a blackboard to emphasize important points in the conference procedure. At the top of the board he writes "Fathers are urged to attend," as many of the unemployed men now come with their wives and he prefers to have them stay inside and listen to the instruction rather than wait outside. Other items on the board are:

"Every baby should have cod-liver oil, yeast tablets, and orange juice."
"At six months of age protect your baby against diphtheria and smallpox."
"House temperature should be 68 degrees."
"Milk should be boiled."

We also use posters to emphasize positive health, including such subjects as:

"Sunshine prevents rickets."
"Prevent colds by keeping the house at health temperature, 68 degrees."
"Cod-liver oil prevents bow legs."
"Thumb sucking can be prevented."

As most of our conferences are held in the public libraries, we have only the one large room and the posters and blackboard serve as constant silent reminders to the mothers as they wait.

Marion G. Crowe, R. N., Superintendent,
Visiting Nurse Association, Portland, Oregon.

Speaking of More Education

By ANNA L. TITTMAN, R.N.

Vocational Secretary for Public Health Nursing, Joint Vocational Service

This is the third in a series of articles by Miss Tittman on vocational problems

IN the "back to school" movement, the trail to the little red school house is so congested in this, the third year of the depression, that newly devised "traffic" facilities are needed. Adults, particularly, are swelling the throng. Emergency funds are now being made available in many localities to educational institutions. Two counties, at least, have started local universities. It is nothing short of appalling to witness the vast number of students who pour in and out of night schools, especially in our great cities. Education and more education seem now to be within the reach of all. "There being instruction, there will be no distinction of classes" is a saying that Confucius gave us centuries ago and is equally appropriate today.

There is not anything new about graduate nurses spending what leisure they can wrench from a busy day in making up high school courses that they somehow missed in their adolescent years. Nor is it new for many to enroll in special courses of professional or cultural significance. It is new, however, to observe the increase in numbers of those who have joined the pilgrimage. The problem in the past was mostly a question of finding available time. Now with nothing but time on their hands, though it be enforced leisure with all the attendant emotional strain of reduced finances, many nurses are finding their way to more education, and getting a lot of enjoyment out of it, too!

MEETING THE SITUATION

In interviews and letters nurses are telling us how they are arranging for "more education" and their methods are here recorded in the hope that other nurses may obtain suggestions or inspiration in helping them find ways and means. There is, in almost every case, the same recital—first, of finding themselves jobless and hectically and fruitlessly searching for work; then, when the heralded prosperity corner did not loom up, the assumption of a settled resignation that included self-improvement. Many nurses have returned to their home towns and have actually (may it redound to their everlasting credit) enrolled for full-time study in the very same high schools where five, ten, or even more years ago they scurried up the path with pigtails flying. "I am having a kind of vacation," said one such nurse, "and doing the thing I have wanted to do for years." It may be worth mentioning here that adults have in the past usually shrunk from being in classes with students many years their junior, either because they felt they would be conspicuous, or they feared the competition of the other members' facile memories. But nurses are telling us that once the ice is broken, the psychological barrier is hurdled. Moreover, the youngsters themselves tell us that while there is at first an atmosphere of surprise, then admiration and respect, soon there is complete unawareness of any difference in the age of their newly acquired classmate.

Other nurses who have not been able to return to the security of their paternal roofs, have found opportunities to earn their maintenance while serving as mothers' helpers, morning and evening, in homes of relatives or friends, or even strangers. How fortunate those mothers to have such skilled assistants! Still others are giving part-time home care to some aged or chronically invalided person in return for their room and board and possibly a small salary. Some have

found other kinds of part-time work—as that of college or private school nurse, with educational facilities readily obtainable. Some are regular students in self-help colleges or preparatory schools. There are many in emergency relief nursing jobs on a three- to five-day-a week basis, who have thus secured sustenance and, coincidentally, time for study. A comparatively small number have secured scholarships or loans. Nurses tell us that even the full-time, mediocre, and poorly paid job has been a blessing in disguise, having more or less forced them to resort to evening classes to keep them from dying of boredom. Of course, there are countless nurses still holding regular positions who are going to night high schools, university extension, special preparatory schools, regular university courses, or are taking correspondence courses. In education, as in everything else, there is poignant truth in that ancient proverb which the N.O.P.H.N. has as its guide and inspiration, "When the desire cometh it is a Tree of Life."

Educators everywhere stand ready and willing to assist in working out educational plans for the individual, and local vocational and employment services consider it a part of their job to aid in finding openings for earning maintenance. An urgent plea for more scholarships, more loans, and more part-time work, is herewith voiced.

RELATIVE MERITS OF COURSES

Relative merits of types of courses where high school credits may be procured seem important enough to discuss here. We relate the impressions the nurses themselves have given us over a period of years.

On the whole, they find full-time study much more desirable than part-time, because of easier adjustments in their daily schedules and credits more rapidly achieved. "Better to save and later go to school full-time," they say, "than to crowd the day too much." We have seen many nurses who, unfortunately, attempted too heavy a program of work and study, only to give up in despair because their health or their work suffered. Thereafter they thought of themselves as failures, when in reality it was the unwise program that was a failure.

Except for the increase of fees, nurses generally find the university or college extension courses more satisfactory for making up high school credits than the night high schools, which are tuition free. The criticism of the night high school lies mainly in the fact that it usually entails attendance five nights a week. Also, the students are reported to be at such different levels of intelligence and eagerness of purpose, that progress for the nurse is often thwarted. Two nights a week at the university in a somewhat stiffer course may bring the equivalent number of credits, while the association in smaller classes with other purposeful and alert individuals precludes stagnation Certain privately maintained preparatory schools with courses especially arranged for adults, which frequently thrive in our larger cities, seem to do a good job in preparing the individual more or less at his own capacity.

Correspondence courses, home study courses, with or without private tutorage, are declared by all to be the least desirable methods, due to their lack of stimulation of class-room discussion, and no definite time requirement for fulfilling assignments. Also there is the dread of taking the state Regents examination or college entrance examination at the conclusion of such a course. However, the merit in this method is mainly that its availability is not dependent upon community resources. They are within the scope of any nurse, no matter how isolated she may be.

BE SURE YOUR COURSE IS ACCREDITED!

It would seem trite to sound a warning that the standing of every course should be thoroughly investigated before it is undertaken, if it were not for the fact that we still find nurses who have made the tragic mistake of burning up their energy along with the midnight oil, only to find that when they applied for college matriculation, their courses were not taken in an accredited secon-

dary school. There is nothing more crushing, unless it is the discovery at the end of a three years' nursing course that eligibility to state nurse registration is denied because the school is not a recognized one. It is not enough to take the word of an advertisement or the head of a school. One should make sure that the credits are acceptable in recognized universities where one may later plan to secure further education. The goal should be not so much the high school diploma as meeting the matriculation requirements of an accredited university.

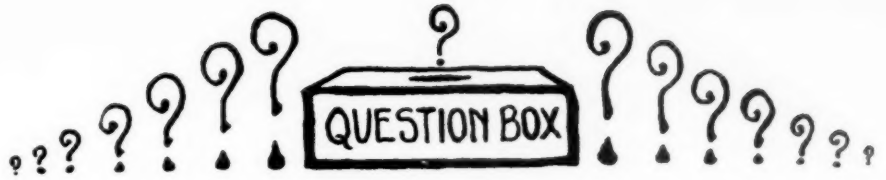
WHY MAKE UP HIGH SCHOOL?

Why make up high school? This question was most ably discussed in an article of that title by Nellie G. Brown, R.N., and Helen W. Munson, R.N., appearing in the March, 1931, number of the *American Journal of Nursing*. The conclusion was that it was worth doing. This question has also been answered to some extent in previous articles in this series by the author. The ascribed motives for further education of any kind, as we observe them, may be enumerated as follows: (1) to fulfill a desire to improve oneself, or, as the head of a foremost American extension department expressed it, "to satisfy the little person inside of us"; (2) to improve the quality of one's work, regardless of monetary reward or possibility of professional advancement; (3) to meet the increased educational requirements of the field; (4) to receive the rewards of increased remuneration and more recognition; (5) to find the way to a richer, fuller, personal life.

Much might be said about standards that are good for the whole, working hardships upon the few. Much also might be said about the relative significance of native ability or self-education versus formal education. Still more, on the relationship between reasons for leaving high school and eligibility for a job. Whether all nurses not having a full academic education or a university public health nursing course should immediately set about attacking these deficiencies, is another question worthy of thorough and careful discussion. It would probably be answered negatively. That some kind of study in leisure or unemployed time is a godsend in boosting the morale, particularly in this pernicious period, is unquestioned. Education or more education is an individual matter, but also a universal one, since none of us lives in a vacuum.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR MAY, 1933

Rectal Ether Analgesia in Obstetrics.....C. O. McCormick, M.D.
Rectal Ether Analgesia from the Nurses' Standpoint
Anne Yelton, R.N., and Marie Hilgediek, R.N.
Fitting the Colostomy Belt to the Patient.....Myra A. Whitney, R.N.
The New Test for Pregnancy.....Floyd E. Harding, M.D.
A Mother's Milk Station.....Mary K. Herwick, R.N.
Health Literature of Government Origin.....Tommie Ola Bryan, R.N.
Preserving Mother's Milk.....Jean Broadhurst, Ph.D., and Jessie Duncan, R.N.
Practical Problems in Pediatric Nursing.....Vivian Tappan, M.D.
A Practical Crib Table.....Marguerite Erxleben, R.N.
A Study of Breast Technic.....Ellen S. Danielson, R.N.
The Most Important Subject (Grading).....May Ayres Burgess, Ph.D.
Graduates vs. Students.....
An Experiment in Exchanging Graduate Nurses
Marion Johnson, R.N., and Hattie Trauba, R.N.



Have you a question about *any* phase of your work? Send it to our question box and we will pull out the answer, send it to you, and print it if it is of general interest. Send your question on a post-card if you want to save postage. Address "Question Box," care of this magazine. Answers will have the approval of the National Organization for Public Health Nursing. Names of inquirers will not be used.

QUESTION:

Here is a problem in cost accounting. As part of the emergency unemployment relief service in certain communities, unemployed nurses are being assigned to public health nursing associations and paid out of relief funds. These nurses may or may not do actual visiting in the homes, but in any case they are making a real contribution to the work of the agency. How should this contribution affect the cost of a visit?

ANSWER:

The work of these nurses cannot be considered as a part of the permanent set-up of any organization as they are there as an emergency and undoubtedly a temporary measure. Therefore, the simplest procedure seems to be to omit them entirely from the cost analysis. This would mean their visits would *not* be included in the total number of visits used in arriving at the average cost of a visit; nor would any separate cost relating to them be included in expenditures. Such work as they may do irrespective of home visiting could be considered as balancing the administrative time necessary to fit them into the organization's program. In other words, effort should be made not to have this emergency procedure, which may extend the work of the organization, affect the cost of its regular service one way or the other.

QUESTION:

How should the medical profession be represented in private public health nursing agencies?

ANSWER:

Representation of the medical profession through some definite channel is essential to the success of the public health nursing program. In all matters of policy relating to medical problems, in the home or community, the staff must have the backing and approval of the medical profession. Standing orders, nursing techniques, staff health, the development of new nursing services, relations to clinics and hospitals, to other groups concerned in health—osteopaths, chiropractors, midwives—and complaints involving nursing procedures, all of these call for advice and guidance from the most influential health group in the community—the medical profession.

Public health nursing is a community service and it has been initiated and its position made strong through being administered by the group it serves—the lay citizens. Just as active public health nurses are not board members, so it would seem confusing to have physicians as active members of a board of directors. For years medical representation has been given successfully through a medical advisory committee, which makes recommendations to the board of directors. (For appointment of this Committee see *Board Members' Manual*, page 73). Such a committee meets as needed or at least twice a year, and individual members of it may be consulted on special problems. In a very real sense, the place of the physician—all of the physicians—is thus recognized and their contributions to the service come as recommendations from a group of experts untrammeled by the detail of board management. Just as the professional nursing staff recommends action to the board so may the physicians;—but the board, representing community interests and community gifts, decides on action. There would seem to be a fundamental principle of community responsibility involved here and a sound administrative policy.

CONTRIBUTORS PAGE

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FRANCES KNIGHT was born in Channel Islands off the coast of France and emigrated to America at 22 years of age. Her business education was in the City of London College, London, England. Positions held include: Probation Officer, Wayne County, Michigan; first woman social worker in prosecuting attorney's office, Wayne County; first woman chief probation officer for Women's Recorder's Court, Detroit. For eleven years she has been Director of the Methodist Children's Home Society, Detroit, Michigan.

MRS. ANNA W. M. WOLF, herself the mother of a nursery school child, is by profession a psychiatric social worker. In this capacity she was connected with the American Red Cross and for the past several years has been a member of the staff of the Child Study Association of America.

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ROLL OF HONOR FOR APRIL

The following groups should be added to the list of those who hold 100 per cent nurse membership in the N.O.P.H.N. for 1933:

Nursing Staff, Metropolitan Life Insurance Company, Atlanta, Georgia.

Winnetka Health Department, Winnetka, Illinois.

Visiting Nurse Association, Lowell, Massachusetts.

Visiting Nurse Association, Reading, Pennsylvania.

Nursing Staff, Metropolitan Life Insurance Company, Tacoma, Washington.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

HELP MAKE IT A SUCCESS

Last year we had 7,900 members in the N.O.P.H.N. This year two-thirds of this number have enrolled; one-third is still to be enrolled.

The windup dates of the N.O.P.H.N. membership program for 1933 have been designated as April 17 to May 17.

Every member of the N.O.P.H.N. can help make it a success. Nurse directors, by bringing membership to the attention of their staffs; individual nurses, by talking to their co-workers; lay members, by stimulating the interest of friends.

Each state has an N.O.P.H.N. state membership representative who is working with Miss Gardner and the National Committee. With their help and yours we hope this year's total membership will keep up the splendid 1932 record.

Write to us if your organization has 100 per cent staff membership so that the Certificate of Honor may be sent to you and your name included on the 1933 Roll of Honor.

A successful membership enrollment is the best safeguard for the future of the N.O.P.H.N. and the whole public health nursing movement. Let's make one final effort to complete this year's membership with real success!

JOINT VOCATIONAL SERVICE

At the annual meeting of the Board of Directors of the Joint Vocational Service, Katharine Tucker was elected chairman to succeed William Hodson whose term expired. Elizabeth MacKenzie continues as secretary and Marion Sheahan becomes the new N.O.P.H.N. representative on the Executive Committee.

MISS CRAIN'S RESIGNATION

On April 3, Gladys Crain left the N.O.P.H.N. staff to become a member of the staff of the East Harlem Nursing and Health Service in New York City. Local agencies throughout the country have been under such pressure due to the economic situation that the time was not favorable for carrying out the field service which Miss Crain had planned under the Joint Committee of the American Social Hygiene Association and the National Organization for Public Health Nursing. It was therefore agreed that this type of service be held in abeyance.

Miss Crain has made a notable contribution to our literature and our thinking on social hygiene as it relates to public health nursing. She has contributed generously to PUBLIC HEALTH NURSING, and the study programs in social hygiene which she has prepared are in wide use throughout the country in both official and non-official agencies.* New emphasis has been given to the inclusion of social hygiene as an integral part of all public health nursing programs.

The regular staff of the N.O.P.H.N. will carry on the correspondence and advisory service in social hygiene.

WITH THE STAFF

Continuous requests for field service keep the staff literally on their toes and provide an important means of seeing at first hand some of the effects of the economic situation. From everyone who returns from the field there are reports that public health nursing on the whole is holding its own remarkably well. Where the

*This entire series is free in single sets to N.O.P.H.N. members, seventy-five cents a set to others.

difficulties are thickest, the nurses and their lay backers are showing a courage, persistence and vision that are giving new vitality to the whole public health nursing movement.

Such field service supplements the questionnaires which many of you—to your sorrow—have filled out. We trust that field visits are a less painful method of giving us information and that consultation with our staff about local problems is helpful.

In April, Miss Tucker attended a meeting of the Advisory Council of the General Federation of Women's Clubs in Washington, D. C.

Following a two-day consultation service in Grand Rapids and a community survey in St. Joseph, Missouri, early in March, Miss Haupt visited local organizations in Kansas City and St. Louis. Those interested in excellent teamwork between public and private agencies should visit St. Louis. The middle of April she left headquarters again to take part in two state health department institutes, one in Minnesota and one in Wisconsin, and in connection will visit nearby local agencies. She also participated in the Public Health Nursing Round Table of the Annual Convention of the American Red Cross in Washington, D. C., April 25.

During March, Miss Deming visited Columbus, Mansfield, and Cleveland in Ohio; Wilkes-Barre, Kingston, and Nanticoke in Pennsylvania. She spoke before a meeting of District No. 5 of the State Nurses Association in Mansfield; to students in Dr. Stillman's class in Social Administration in Ohio State University; to the senior class in Lakeside Hospital, Cleveland; and to the regional meeting of the lay members' section of the S.O.P.H.N. in Wilkes-Barre, Pennsylvania. The trip combined N.O.P.H.N. service and a search for material for the magazine.

Miss Davis' field work reflects the new interest of laymen in public health nursing and the increased responsibility they feel for being informed on subjects related to it. Board and committee member institutes were held in Providence; a joint institute in Moline, Rock Island, Illinois; and Davenport, Iowa. A two-day consultation service given in Fort Wayne, Indiana, proved the value of this new scheme for helping board members. In addition, talks were given at meetings under the following auspices: Connecticut State Health Department, Albany Guild for Public Health Nursing; Chicago Council of Social Agencies.

No member of the staff is in the field as continuously as Mrs. Hodgson, who in addition to her interest in tuberculosis and industrial nursing, has now annexed school nursing. She is also developing general institutes on public health nursing as a whole. Her schedule in March and April included institutes under the Massachusetts State Health Department; the Community Hospital, Farmington, Maine, with Commonwealth Fund backing; and Morris County, New Jersey, Tuberculosis Association.

FUTURE STAFF TRIPS

Miss Tucker will represent the Joint Vocational Service and the N.O.P.H.N. at the National Conference of Social Work in Detroit the week of June 11.

In May, Miss Haupt will give institutes and attend state meetings in Virginia and West Virginia. Future plans will take Miss Davis into New Jersey, New Hampshire, and Michigan for the National Conference of Social Work; Miss Carter to the annual meeting of the National League of Nursing Education in Chicago in June. In May, Mrs. Hodgson starts on a long tour to the West Coast which will include service in Michigan, Utah, Idaho, Washington, Oregon, California, and New Mexico. She will conclude the trip by attending the annual meeting of the National Tuberculosis Association in Toronto, June 26-30.

BOARD AND COMMITTEE MEMBERS FORUM

Edited by KATHARINE BIGGS MCKINNEY

TOPIC IX

THE ANNUAL MEETING

There are several reasons for holding an annual meeting:

1. To give an accounting of the year's work to the community. Funds have been donated or appropriated for carrying out a program of public health nursing, and each year it is necessary to report on the expenditure of such funds to the donors.
2. To analyze the results of the past year's work and make plans for the future.
3. To educate members of the community about the public health nursing organization, increasing the interest and obtaining new supporters—in short, a publicity medium.
4. To elect officers for the coming year.

In these days of multitudinous meetings when every member of the community is invited to attend this meeting and that, it is well to analyze very carefully the purpose of a meeting and what may be accomplished by it before we add one more to the already crowded calendar.

It is necessary to give an accounting of one's stewardship but this may be done without having a meeting. The report may be published in the newspaper, or an annual report may be mailed to all contributors.

Reasons 2 and 3—the analysis of the past year's work, plans for the future, and yearly election of officers—may be taken care of at the monthly board meeting rather than by calling an extra meeting. After the regular routine business of reports and election, a most interesting and profitable time may be had by the staff and the board analyzing the year's work, discussing the health needs of the community, and making plans for the coming year.

If, however, it is possible to make the annual meeting of great publicity value to the work, it should be considered and planned for carefully. Unless the meeting can be interesting and stimulating, it is much better not to attempt to hold it, as frequently more harm than good is done when the annual meeting is poorly attended and the speeches are dull or untimely.

DIFFERENT TYPES OF MEETINGS

In a publication compiled by Baird Middaugh and Hilary Campbell on *Features of the Annual Meeting*,* they describe several distinct types as follows:

"1. The impressive kind, meant to register importance, announced by a formal invitation, and conducted with great attention to detail in listing and seating guests. It may be characterized by notable speakers, an attractive room, excellent food, with a copy of a beautifully designed folder or booklet at each place.

"2. The informal, with an intimate atmosphere of friendliness, a gathering of old acquaintances.

"3. The entertaining affair, depending on the unusual, from the invitation to the program of the meeting itself.

"4. Joint meetings, a recent development recognizing the difficulty of competition, since the same socially-minded people contribute to many organizations and are, therefore, invited to many annual meetings. This difficulty may be met in one of two ways, limiting by agreement

*See Reference Reading.

the number of meetings planned for large audiences each year, the others being only the required business meetings; or by the kind of a joint meeting held in Montreal in 1931:

"Five agencies in the case work field decided to join their forces in a single annual meeting which would emphasize the inter-relationship of their organizations. It was a three-session meeting, with a program carefully worked out by the five executives. 'Reports were considerably shortened, speeches were for the most part eliminated, and all three sessions ran well within their schedule. Each agency went into the plan definitely resigned to a sacrifice of general publicity and of the interest of its own clientele. But the result, they all agreed, was quite the contrary. Publicity and general interest were most satisfactory, and the attendance was much larger than that drawn by individual meetings.'"

They go on to emphasize the fact that "programs, like a book, a symphony or a statistical report, should have a theme. Meetings may—

1. Honor some one who has given the organization many years of service.
2. Recognize a recent achievement of a leading citizen.
3. Celebrate an anniversary with a birthday dinner, cake and all.
4. Be a pioneer dinner, an occasion for bringing back to the city persons who shared in the beginnings of the organization and who have since gained distinction elsewhere. For such a dinner a supposed director of the organization in 1950 might talk about the old days of 1932 and the years which followed in a way to bring out the hopes and plans of the organization's future."

PLANNING THE MEETING

If the meeting is to be a small, informal affair, it may be held at the agency headquarters or at the home of a board member. If a large meeting is to be held to which the general public is invited, a central hall may be needed, such as the school auditorium, county court house, etc. It is important to have the size of the meeting room approximate as nearly as possible the expected audience. More than one annual meeting has lost its effectiveness when a comparatively small audience was swallowed up in an auditorium entirely too large. A small room well-filled, even crowded, has a better psychological effect than an abundance of waste space.

A luncheon or dinner meeting can often be carried out very successfully and usually proves to be a drawing card.

Newspaper publicity should be kept constantly in mind. Releases in regard to the coming meeting should be sent to the newspaper well in advance and reporters invited to attend. The Publicity Chairman should see to it at the meeting that the reporter receives a written copy of the annual report as well as names of new officers elected.

INVITATIONS

Miss Middaugh and Miss Campbell offer some valuable suggestions in regard to invitations:

"The type of invitation sets the atmosphere of the meeting. Decide whether you wish to give the impression of formal dignity or informal intimacy. It is well to follow up an invitation by some appropriate device to increase attendance.

"The invitation received by mail usually brings the person receiving it to a point of deciding whether or not he will respond, whereas the more impersonal kinds of publicity may interest him but leave him without a feeling of responsibility in the matter of a decision.

"Many different forms of mail announcements are in use; the formal and dignified engraved invitation, the mailing card with its wide range of possibilities in the use of color and the effective display of the copy, the letter telling why the meeting is important, the attractively printed program, etc. Some "Character" Invitations: The "Dinnergram" typed on a single sheet of yellow paper about the size and color of a telegram with a printed heading imitating a telegram blank, summons people to a meeting with an air of urgency.

"The Family Service Society of Akron, Ohio, sent out a printed announcement on personal-size stationery containing the picture of a small boy at a telephone. The invitations began:

"'Hello, Friends!

"'I'm calling all the members of the Family Service Society about the annual meeting.

"'This year the program is going to be about kids, especially us kids that are not lucky enough to have a regular home and have to be boarded, or put in institutions or adopted.'

"The invitations then went on in 'Jimmy's' language to tell about the main speaker, the place, and the date of the meeting. It was signed 'Jimmy.'

"The Social Service Exchange of Philadelphia interested five hundred people enough to attend an annual meeting by sending out an invitation printed on what looked like torn wrapping paper and read as follows:

"'Beware of making enny engagements for Thurs. March twenty-fourth at fore o'clock P.M. (afternoon) Becuz at that hour on that day you and your staff are respectively and corjully invited to have a good time at the Annual Meeting of the Social Service Exchange, which will be held, regardless of weather, in the ground-floor stage-room of the Social Service Building at 311 South Juniper Street—below Spruce Street and above Pine Street, but closer to Spruce Street. The purformance will start at fore exact.

"'P.S. Please bring your brains along, for you'll need 'em. (Responday see voo play, right away because their won't be anything for you to eat if you don't.) N.B. No covert charges. Everything's free and gratis.'"

Another way that has proved successful is for each board member to take ten names or ten invitations and to telephone the persons assigned or write a personal note on each invitation.

PROGRAMS

If business has to be transacted it should be kept down to a minimum and as much as possible arranged outside the meeting. Reports from committees should be short and snappy. Instead of having a long annual report read, the highlights of the year's work may be briefly presented by the President or Nurse Director.

Case stories, as always, are one of the most telling methods of presenting a report. Lists of figures should be avoided; if statistics are given at all, they should be presented as a comparison or contrast with the preceding year's work, and presented visually by means of a blackboard or charts.

Exhibits always arouse interest. The contents of the nurse's bag or the layettes and baby's toilet tray on display at the front or side of the room help to illustrate the teaching content of the nursing program.

The main features of the meeting may be the presentation of a play by the staff or an outside speaker. The dramatic portrayal of the work of the organization is one of the most effective means of arousing interest. The Providence, Rhode Island, District Nursing Association has worked out an interesting plan depicting the work "Then and Now," showing a visit when the work was first organized and contrasting it with a present day visit. Another way is to portray the first and last visits by the nurse in a home showing existing problems and how they were met.*

A good speaker to discuss a topic of current health interest can be very effective provided the speaker is carefully chosen. Some of the factors to keep in mind when selecting a speaker are: "knowledge of the subject, publicity value as a drawing card, ability as a public speaker, and this of course includes a speaking voice that can be heard, a sense of humor, absence of ponderousness, and a conviction of the seriousness of the subject."

W. F. Higby, Executive Secretary of the California Tuberculosis Association, gives the following suggestions for conducting a successful meeting:

Have you ever left a play at the theatre unconscious of the passage of time, absorbed and thrilled and almost speechless with its perfection?

And have you ever left a public health meeting in the same frame of mind?

The chances are there have been produced more successful plays than successful public health meetings.

*The N.O.P.H.N. has available a few plays that have been used by visiting nurse associations which may be loaned to agencies who would like to see them.

If a play is not a success, somebody loses a lot of money and perhaps goes broke.

If a public health meeting is not a success, few people present expected anything else, and even his best friend will not tell the program-maker or the speaker.

There are still a few organs of publicity not so dominated by the business office that they cannot pan a bum play.

We have no professional critics of public health meetings who will review frankly a public health meeting.

Let us carry the analogy of the public health meeting and the play a little further. In the production of a successful play there are several factors involved. The mechanics of a play is a science in itself; many a good play has failed because of poor stage managership. On the visual side, there is the scenery, the color, the lights, the costumes, the make-up. Incidentally, the comfort of the audience is not overlooked in relation to lighting, placing of seats and the comforts thereof. I wonder how many persons have ever attended many public health meetings where they sat in comfortable chairs.

The successful play, again, has an author who has produced a play worth putting on the boards. A staff of experts goes over the manuscript to fit it to the peculiar purposes of the play, its aim, its object, and its cast.

Then comes the selection of the cast, with the star and co-stars and actors cast in character.

And when this is all done, the director's work has just begun: the production of the action, the voice, pronunciation, expression of meaning, tears, laughter, tragedy, joy.

SUMMARY

Mr. Higby goes on to say in summarizing:

The conduct of a successful public health meeting can be likened to the production of a successful play.

The committee and the executive behind the preparation for a successful public health meeting must develop a technique and a plan that is carefully worked out in all its details.

There must be a real object to the meeting, there must be a certain group of people to whom it is addressed, there must be advance publicity, the chairmen and the speakers must be carefully selected with well-defined material, the setting of the meeting from its mechanical side must be as nearly perfect as possible; artificial means must be used to start the feeling of enthusiasm for the subject; showmanship must be exercised, the meeting should move with clocklike regularity and precision with a forward sweep; your audience must get thrills, joy, tears, laughter; they must be filled with good humor, they must have informational points driven home to their consciousness, and they must be emotionally aroused to the action which the meeting is designed to accomplish.

REFERENCE READING

"Publicity for Social Work" by E. G. and M. S. Routzahn, published by the Russell Sage Foundation, New York. Price $3.00. pp. 23, 24; 236, 246, 231.

THE PUBLIC HEALTH NURSE, February, 1932, p. 114, "An Unusual Annual Meeting."

THE PUBLIC HEALTH NURSE, September, 1929, p. 467, "Doughnuts and Coffee" by Anna Thompson Grover, R.N., and Maud McCreery.

THE PUBLIC HEALTH NURSE, October, 1929, p. 558, "Holding the Interest of the Public."

Features for the Annual Meeting, by Baird Middaugh and Hilary Campbell. Social Work Publicity Council, 130 East 22d Street, New York City. Price 20c.

"That Annual Meeting," *News Letter*, Victorian Order of Nurses for Canada, Ottawa, January, 1933.

This closes the series of study programs in publicity offered by this magazine, starting last September. A single set of the series is free to N.O.P.H.N. members, to others seventy-five cents.

SCHOOL  HEALTH

EVERY WORKER A NUTRITION TEACHER

School nurses who need help with the problem of nutrition will be interested in the practical suggestions offered in this description of the plan carried out in Newark, N. J., for making its workers nutrition conscious. We are indebted to the Department of Health Education and Service of the Newark Board of Education and coöperating agencies for this material.

A series of nutrition demonstrations designed to instruct social workers and public health nurses how to advise families faced with the problem of selection and preparation of food with minimum expenditure, was recently organized under the auspices of the Newark Welfare Federation.

The Committee in charge of the demonstration appointed by the Welfare Director of the Federation, included representatives of interested agencies who had appropriate training and experience. Agencies represented were the Nutrition Department of the Newark Public Schools, the Essex County Tuberculosis League, the Social Service Bureau, Jewish Social Service Bureau, and the Newark Department of Public Welfare.

The assistance of the Director of Home Economics for the Public Service Corporation and the Home Demonstration Agent of the State Department of Agriculture was obtained by the Committee. The Public Service Corporation donated the use of its centrally located demonstration kitchen and a part of the food used. Flour was given by the Red Cross and the remaining expenses paid by the Welfare Federation. Newspaper publicity was arranged by the Essex County Tuberculosis League; pamphlets containing milk recipes were obtained from the Evaporated Milk Association, Chicago. Recipes selected by the Committee from material furnished by the Extension Service and other sources were mimeographed by the Welfare Association. The total expenditures aside from donations totaled five dollars. This was used chiefly for exhibits.

Letters announcing the demonstrations were sent to all agencies whose workers were in contact with families, including Boards of Health, Boards of Education, visiting nurses, settlement houses, as well as public and private social agencies. Newspapers gave generous space to advance notices. The demonstration room with seating capacity of about two hundred was crowded during the entire series.

PLAN OF THE DEMONSTRATIONS

The program was designed to cover foods essential to health under emergency conditions and protective foods as well as economies in fuel, labor, and equipment. The head of the Nutrition Department of the Newark Board of Education gave the talks accompanying the demonstrations of food preparation which were conducted by the director of Home Economics for Public Service, and the County Home Demonstration Agent. The educational director of the Essex County Tuberculosis League was in charge of exhibits.

Foods demonstrated were: (1) Milk, the most protective food. (2) Vegetables. (3) Leguminous vegetables. (4) Flour, bread making and (5) Cereals. Exhibits displayed during the series showed: (1) Economy value of evaporated milk and calcium content of milk. (2) "Red, Yellow, and Green" as an indication of Vitamin A content in vegetables. (3) Meat substitutes purchased for ten cents in contrast to quantity of meat to be had for the same sum. (4) Cheapness and superior food value of cooked over ready-to-eat cereal and (5) An adequate five-dollar food order.

The technique of demonstration developed at the first meeting proved effective and was continued throughout. Guests were greeted by Committee members and supplied with mimeographed recipe sheets and pamphlets containing the dishes to be demonstrated. Exhibits were viewed and explained and the demonstrator prepared the foods under consideration. The demonstrator was careful to avoid technical terms and elaborate processes and to suggest substitutes for unavailable utensils which might be improvised. In the intervals required for cooking, informal talks on food values were given.

EMPHASIZING THE ESSENTIALS

The contributions of various foods to the dietary requirement were shown by graphic pictures of the foods based upon individual servings. It was made plain that if we are to meet the dietary requirement on a limited budget there can be no substitutes for certain foods as in the case of milk, our best source of calcium, potatoes, a cheap source of iron, and vitamin C in tomatoes. These foods are so fundamental in the low cost dietary that no substitutes can be offered.

The fact that there is a vast difference between the cost and the price of food was brought out. Price of food is what we pay for it—cost to us depends upon its contribution. For example: fifteen cents worth of puffed rice gives us about 500 calories and fifteen cents worth of rolled oats yields about 6,800 calories.

From the standpoint of contribution, milk is the cheapest food obtainable and is necessary to insure the proper amount of calcium needed. Evaporated milk is equivalent to pasteurized milk in food value and is cheaper.

Vegetables, especially those of the leafy variety, were cited as protectors against lack of vitamins and minerals. Vegetables make up the shortage of cellulose or bulk in milk and hold an important place in the diet. The use of raw vegetables was urged for the sake of insuring against vitamin and mineral deficiency, for variety in the diet and for economy, since fuel for cooking constitutes a problem in some instances.

The point was made that dark cereals and flours have a higher vitamin and mineral content than finely milled cereals. Rolled oats were shown to be the cheapest cereal where contribution to the dietary is considered.

The use of cod liver oil and haliver oil as sources of vitamins A and D was discussed and attention was called to the importance of standardized products.

The demonstrations were fully reported in the papers of the county and many inquiries were received. There has been a wide distribution of the sample food orders. As an outgrowth of the initial series, demonstrations are now being arranged in neighborhood centers to which heads of homes will be invited.

"EVERYBODY WORKS BUT FATHER"

—And even he works in Bowie County, Texas—

How Bowie County, Texas, brought itself into line in inaugurating a child health program for the county under the leadership of the Bowie County Children's Council is described in the March number of the *Texas Gleaner*. Each organization in the county selected a specific project to promote in which it was particularly interested. The result was as follows:

Morning inspection in the schools and securing of parental education specialists	Texarkana and Bowie County P.T.A. Councils
Vision survey of county	Lions' Club
All-year diphtheria immunization program	Kiwanis Club
Continuation of work on correction of dental defects	Junior Service League
Providing model handwashing facilities	American Legion and Auxiliary
Providing three of their members for Juvenile Court Committees	Ministerial Alliance
Coöperating in conducting physical examinations in schools and providing health talks	County Medical Societies and Medical Auxiliaries
Providing of summer vacation activities	Chamber of Commerce
Responsibility for 1933 May Day program	Civic Association

REVIEWS AND BOOK NOTES

Edited by DOROTHY J. CARTER

OUR CHILDREN—A HANDBOOK FOR PARENTS

Edited by Dorothy Canfield Fisher and Sidonie Matsner Gruenberg for the Child Study Association of America. Viking Press, New York. Price $2.75.

In this self-styled "handbook" we have a symposium which brings together much of the helpful thinking of the day on the problems of infancy, childhood and adolescence in relation to family, school, and community. Since this book is intended primarily as an aid to parents and other "lay people," little professional jargon appears in the various papers presented and even such difficult themes as "The Family Drama" and "The Meaning of Maturity" have been handled in a way which makes them understandable and useful to all.

"Our Children" contains twenty-nine contributions from as many leaders in child health and parental education. The fact that so large a group of papers has been welded together into a volume which contains a developing theme is a tribute to the editors. The contributions are arranged in the following four sections: The Child's Growth and Development; The Child in the Home; The Child at School; The Child in the Outside World.

Public health nurses may draw a wealth of help from this book, particularly because it presents concepts of child care from fields not thoroughly known to us—psychology, psychoanalysis, education—and gives as well practical applications of these concepts. In other words, we are not left at the close of the book merely with a vague feeling of having been stimulated.

One of the readiest examples of this availability for use in our field is the chapter, "Laws to Be Broken—Some Problems in the 'Habit Training' of Young Children." In discussing the query, "What shall we do about thumb-sucking," it is evident that the authors very well know what it is to be confronted by harassed parents who cannot see the woods for the trees where this symptom is concerned. Will nurses be shocked when it is suggested that a pacifier—properly washed, and, it might be added, *with* cork—be offered to the thumb-sucking infant? If so, we have some studying to do in order to be abreast of present-day thought. The chapters on "Changing Goals of Positive Health" and "Healthy Attitudes Toward Health" touch the nurse closely. They embody a warning against unthinking standardization, and give suggestions for training for mental and physical well-being.

This book has been found a valuable reference in connection with specific family situations or problems found by the nurse in her field work, as well as an aid in providing a comprehensive background for productive work in child health supervision. Also the book is helpful in an educational program for affiliating students since each paper is brief and the book is carefully indexed.

RUTH GILBERT.

INFANTS AND CHILDREN—THEIR FEEDING AND GROWTH

By Frederic H. Bartlett, M.D. Farrar & Rinehart, Inc., New York. Price $1.50.

For direct, explicit, and sane assistance to mothers, this book deserves and will doubtless receive the grateful commendation of public health nurses. In his preface, Dr. Bartlett shares the credit with a young father and mother in whose presence the book was dictated. If he needed critical aid, Dr. Bartlett sought it unerringly in the parental instinct—for his book anticipates and answers clearly and completely the questions so natural to mothers, so familiar to nurses. Of this book, as of a famous brand of cigarettes, it may truly be said, "it satisfies."

May we particularly call your atten-

tion to the sections on habits, on foods, and on common colds. Here absence of fads and the presence of abidingly sound counsel are as reassuring to the nurse as they will be beneficial to the mother. It is true that the book might have been entitled "Pediatrics for Mothers." In criticism it will probably be said that by the thoroughness of the directions it might tend to supplant the physician, but until the twin problems of the cost of medical care and the distribution of medical services have been completely solved, mothers—and their babies—will need just such guidance as Dr. Bartlett has made available. The proof of the reviewer's appreciation was attested by the immediate order of a personal copy. If you read—so will you buy—and gladly.

MARY V. PAGAUD.

101 WAYS TO ENTERTAIN YOUR CHILD

By Jane Parker. Noble and Noble, New York. Price $2.00.

Mothers and nurses who are confronted with long hours of providing entertainment for a convalescent child will find that this book offers many helpful suggestions.

PROTECTION OF WOMEN AND CHILDREN IN SOVIET RUSSIA

By Alice Withrow Field. E. P. Dutton & Co., New York. Price $3.00.

The Soviet government is attempting to lay a foundation for a far-reaching and effective public hygiene program which is of great interest to all educators and health workers in this country. Mrs. Field went to Russia as a private citizen, and presents in this book not a scientific study but a graphic picture of the health program as she saw it functioning in Moscow from 1929 to 1931. The Soviet principle, as well as economic necessity, demands the social and physical equality of women, and the Soviet looks upon children as the power of the future. The program, therefore, centers around the scientific care and health promotion of women and children.

The Institute for the Protection of Mother and Child, the two Museums of Mother and Child, and the local clinics and crèches are the principal channels through which the objectives are carried out. As a first step in promoting equality for women the government legalized abortion, safeguarding it with strict regulations. Birth control knowledge and methods are disseminated at the local clinics under the guidance of the Institute for Mother and Child. In this, as well as in the complete maternity and infant welfare program (which has many points of similarity to ours) there is a system of home visiting, clinic attendance and follow up, which Mrs. Field considers not only excellent in its plan, but, as the figures prove, effective.

Perhaps the most interesting part of the book is the discussion of the principles and régime of the government crèches. Not only is the crèche one of the chief weapons against disease and child mortality, but, above all, the place where the Soviet workers of the future are trained. The child of a worker is eligible for a crèche as soon as his mother goes back to work after her confinement. The care and educational methods aim "to rear an active fighter for the socialist structure, and to bring up a materialist, activist and collectivist." Collectivism is the keynote to communism, and the children must be trained from infancy to play and live with one another. All methods are subordinated to these aims. A régime not unlike that of our own nursery schools has been worked out, and the same consideration is given to nutrition, development of independence and division of time between rest and play.

One important point that Mrs. Field brings out is that most of the working class women in Moscow are aware of what they can expect of their government in all forms of welfare work. The health propaganda and illustrated posters are an active element in Soviet lives. The people in increasing numbers are readily taking part in the health program.

The book leaves one with the impression that the Soviet health program has made a great number of uneducated people health-conscious, and has given them a means of gaining not only indi-

vidual health, but also greater personal efficiency. One's curiosity is aroused to know more of health and welfare work in the U. S. S. R.

FRANCES CLARKE DARLING.

THE BEHAVIOR OF YOUNG CHILDREN.
III—Children With Materials—Children With Other Children.

By Ethel B. Waring and Marguerite Wilker. Charles Scribner's Sons, New York. Price $1.25.

This is the third volume in the series of small books on the "Behavior of Young Children," the first two being "Eating and Sleeping Behavior" and "Dressing, Toilet, and Washing Behavior." Patty Smith Hill is the editor, and the material is practically arranged in the following form: Incidents illustrating the question in point are presented followed by questions designed to make mothers analyze their own attitudes and actions. Then follow carefully selected quotations from various authorities in the field of child development. In spite of the rather cut-up appearance that this form of presentation gives, there is surprising continuity of theme and a wealth of practical suggestions. Because of the very informality of the presentation the book is easily read and assimilated and might well serve as a manual for everyday use for the mother of young children.

CULTIVATING THE CHILD'S APPETITE

By Charles Anderson Aldrich, M.D. Second Edition. The Macmillan Company, New York. Price $1.25.

In the second edition of this useful book Dr. Aldrich has left unchanged for the most part the content of the original text. Minor changes have been made to bring the material in line with present-day concepts, and a new chapter has been added on "Developments in the Last Five Years."

The Baby, issued by the Ontario Department of Health at Toronto, Canada, has recently been revised and is now available in attractive pamphlet form.

How one State Federation of Women's Clubs conducted a cleanliness campaign is described by Louise C. Morel in an article, "Louisville's Three-Year Cleanliness Campaign," recently circulated by the General Federation of Women's Clubs. Miss Morel is Chairman of the Department of Public Welfare of the Kentucky Federation of Women's Clubs. Requests regarding the project may be sent to her at 2051 Sherwood Avenue, Louisville, Ky.

A lecture on *Child Labor* illustrated by forty lantern slides is available for presentation before church groups, women's clubs, high-school and college students. Lecture and slides will be loaned for $2.00 and return postage. Apply to the National Child Labor Committee, 419 Fourth Avenue, New York.

Also on child labor—

The Report of Advisory Committee on Employment of Minors in Hazardous Occupations just made public through the Children's Bureau urges the need for more adequate protection of young workers against industrial accidents and disease and makes specific recommendations for the prohibition of employment of minors in a number of occupations involving hazards. Available in reprint form from the Children's Bureau, Washington, D. C.

SIGHT-SAVING—THREE NEW REPRINTS

The Eye Physician in Industry. 5 cents.

Will History Repeat Itself? By Dr. Shirley W. Wynne. The effect of the present economic situation on diseases of the eye. 10 cents.

The Prevention of Blindness and the Conservation of Sight as a Coöperative Movement. By Dr. Park Lewis. 15 cents.

All available from the National Society for the Prevention of Blindness, 450 Seventh Avenue, New York.

The danger of transmitting the cancer cell through the blood stream or lymphatic system by too much handling of the cancerous lesion is emphasized in an article by Dr. Emile Holman entitled "Cancer: The Menace of Repeated Examinations," appearing in the March *Bulletin* of the American Society for the Control of Cancer. While the article

is written primarily for "doctors, students, and teachers of students," public health nurses who are often first consulted about a suspicious lump may do well to bear this in mind.

FROM CURRENT PERIODICALS

Case Number 10,000. Ann Scott in Hygeia for March. A vivid picture of what the visiting nurse means to a family in distress.

Diphtheria toxoid supplanting toxin-antitoxin. William H. Park. Child Health Bulletin for March.

Health habits and health hazards of the runabout. Josephine H. Kenyon. April Hygeia.

Mental health of the preschool child. Ira S. Wile, M.D. March Journal of Public Health.

Self-expression and growth. Do you give your baby a chance to learn by doing, to grow through creative experience? Harold M. Williams, Child Welfare for April.

Public health nursing supervisors! The pamphlet *Training in Family Social Work Agencies* just published by the Family Welfare Association of America should be read and studied by every public health nurse interested in training students and new staff workers. In addition to the aims and concepts of training new workers, the pamphlet discusses such tools of supervision as the individual informal conference, group discussions and the periodic evaluation of the student's work. Detailed examples illustrating each of these methods are given in the Appendix. Fifty cents from the Family Welfare Association of America, 130 East 22d Street, New York.

"Chats" is the snappy title of a new bulletin issued by the Division of Public Health Nursing of the New York State Department of Health, for supervisors of public health nurses in New York State.

How the New York City Department of Health and twenty-one voluntary agencies coöperated in organizing a "department store of health and welfare" is described in *A Decade of District Health Pioneering*, a report of ten year's work of the East Harlem Health Center in New York City. Organized in 1921 in one of New York's most congested foreign districts, the growth of the Health Center was marked by an increasing interest in and feeling of responsibility for its development on the part of the community, including the families, physicians, dentists, and druggists. The fact that the city took it over in 1931 and made it the first unit in a city-wide plan of health centers is ample demonstration of the success of the undertaking. Copies of the report may be obtained from the East Harlem Health Center, 345 East 116th Street, New York. Price $1.00.

The Missouri Social Hygiene Association has recently released a report on the *Economic Cost of Syphilis and Gonorrhea* in the city of St. Louis. It is estimated that the cost of these diseases to the city is $2,500,000 per year.

FOR THE GARDENER

A garden is a good hobby to have in these wearing days. Here are a few of the better known books on the subject, most of them handy and practicable, and one or two thrown in just for the joy of reading:

ADVENTURES IN A SUBURBAN GARDEN. Louise Beebe Wilder. The Macmillan Company, New York, $3.50.

THE FRAGRANT PATH. By the same author. Macmillan. $3.00. Just published.

GARDEN GUIDE: The amateur gardener's handbook. The A. T. De La Mare Company, Inc., New York. $1.00. A concise, well-illustrated manual dealing with all phases of gardening.

GARDEN MAKING. Elsa Rehmann. Houghton Mifflin Company, Boston and New York, $3.50.

GARDEN MAKING AND KEEPING. Hugh Findley. Doubleday, Page and Company, Garden City, N. Y. $5.00.

THE LITTLE GARDEN. Mrs. Francis King. Little, Brown & Co., Boston, $1.75. A good book for the beginner.

THE LITTLE GARDEN FOR LITTLE MONEY. Kate L. Brewster. Little, Brown. $1.75.

1001 GARDEN QUESTIONS ANSWERED. Alfred Carl Hottes. A. T. De La Mare. $1.50. Another good book for the beginner. By the same author and publisher, A LITTLE BOOK OF ANNUALS and A LITTLE BOOK OF PERENNIALS. Each $1.50.

NEWS NOTES

The American Child Health Association will hold its seventh Health Education Conference in Ann Arbor, Michigan, from June 20 to 24, inclusive, at the invitation of the University of Michigan Summer Session. As previously, the conduct of this Conference will be characterized by the coöperative work of all members, and the discussions will center on practical problems in the school health program in teacher, secondary, and elementary education. The purpose of this conference is threefold:

1. To chart some significant trends and characteristics in the growth of present school health programs.
2. To clarify a few definite problems of basic significance which apparently tend to retard the future growth of programs and, in relation to these problems,
3. To formulate, through group thinking, sound principles and unified policies which will be of practical constructive value in liberating the potentialities of school health programs.

For further information in regard to this Conference, write to Miss Anne Whitney, Director of Educational Service, American Child Health Association, 450 Seventh Avenue, New York City.

✣

The Vermont State Nurses' Association will hold its annual convention at Waterbury, Vermont, June 1 and 2. There will be a banquet for public health nurses the night of June 1 with special speakers.

✣

The Crippled Children's Committee of the Brooklyn (N. Y.) Rotary Club announces that its scholarships for the course in Orthopedics at the Long Island College of Medicine in Brooklyn will again be available for the academic year 1933-34 to qualified nurses. Because of the present unemployment situation there will be no opportunity as in previous years for part-time work on a local public health nursing staff, although it is hoped that this may again be offered when the situation improves. Applicants must be registered graduate nurses, not over thirty-five years of age, with four years high school or sufficient special experience to warrant equivalent recognition. Applications should be filed by June 15, 1933. Information and application forms may be obtained from the Directing Secretary, Anne F. Hasbrouck, R.N., 225 25th Street, Brooklyn, N. Y.

✣

The National League of Nursing Education is announcing a new program of field service to state and local groups. As the important findings of the Committee on the Grading of Nursing Schools and other study groups have become more widely known there has been an increased demand from local groups for assistance in solving their problems. The National League, therefore, through its recently organized Department of Studies is offering this service at a nominal fee, with the expectation that mutual consideration of specific problems will benefit both the local and national groups and will be one more step forward in advancing nursing education.

✣

The National Society for the Prevention of Blindness announces that training courses to prepare teachers and supervisors of sight-saving classes will be offered during the summer of 1933 at: Western Reserve University, Cleveland, Ohio, June 19-July 28; University College, University of Chicago, Chicago, Illinois, June 26-August 1; Teachers College, Columbia University, New York City, July 10-August 18; and probably at State Teachers College, Buffalo, New York. Information concerning these courses may be secured from the respective universities or from the National Society for the Prevention of Blindness, 450 Seventh Avenue, New York City.

The Committee on Nursing Education of the State Board of Health will hold a semi-annual examination for the registration of nurses in Wisconsin, in Milwaukee and Eau Claire on May 31, June 1, 2, and 3, 1933. Applications for this examination must be on file in the Bureau of Nursing Education, State Board of Health, by May 10.

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A symposium on how the present economic situation is affecting the Day Nurseries throughout the country is presented in the April *Day Nursery Bulletin* published by the National Federation of Day Nurseries. All are working on reduced budgets; some report a decrease in the number of children attending because there are more adults at home to look after the children; some, on the other hand, report an increase where they are taking in children of unemployed mothers to help relieve the home relief situation.

In Columbus, Ohio, the mothers of all the Day Nursery children receive a thorough physical examination including all necessary cultures, and it is hoped in another year to extend this service to the fathers.

IN MEMORIAM

Every year at this time we like to pause in memory of those who have died in service during the past year. We regret that we cannot list them all. To those already mentioned we must add the name of Lena K. Schmidt, Director, Public Health Nursing Association of Madison, Wisconsin, who was instantly killed March 5, 1933, when the car she was driving was struck by a Milwaukee Road passenger train. Miss Schmidt was a member of the Board of Directors of the Wisconsin State Nurses Association and very active in various nursing groups in the State. The local community in which she worked, as well as the State, has experienced a great loss through her untimely death.

Extra numbers of this special preschool number of the magazine which also contains the annual salary study and the description of the N.O.P.H.N. revised record forms, may be ordered at twenty-five cents a copy by members of the N.O.P.H.N., at thirty-five cents by others. Please place your orders at once before our supply is exhausted.